ProviderAccess

www.bcbsal.com

User Manual
For
Institutional Providers

eClaims
And
Audit Report Retrieval

BlueCross BlueShield
of Alabama

CONTACT NAMES AND NUMBERS

1. For **connectivity** or **communication** problems, call or e-mail the **Corporate Support Center** at 205 220-6134 (6:00 a.m. – 5:30 p.m.) SupportCenter@bcbsal.org

2. For other questions or problems,
   - System Status is available as a streamer on the website. (www.bcbsal.com)
   - Contact your Electronic Data Interchange (EDI) Services Representative at 205 220-6899.

HARDWARE REQUIREMENTS

Minimum Browser Requirements
Netscape or Internet Explorer 4.0 or higher

Minimum Hardware Requirements *(for best results)*
Screen Resolution: 640 x 480
Internet connection with at least 28,800 bps

HELPFUL HINTS

1. If you leave the PC for a long period of time, the application will "time out". You will need to close and restart your browser or if you have previously "bookmarked" your ProviderAccess sign in page, you may use your "Favorites" or "Bookmark" to access the Sign In page directly. If you were keying a claim, any information not previously saved will be lost.

2. Use the "tab" key (not the "Enter" key) when navigating through a screen, however, don't forget to select the "Next" button to save your data prior to leaving the screen.

3. Do not use the "back" button on your PC while accessing ProviderAccess

4. To select a field using a mouse:
   - Move the mouse pointer to the information to be selected
   - Depress or "click" the left mouse button once
   - The item is selected if the information you choose is highlighted by color/shading

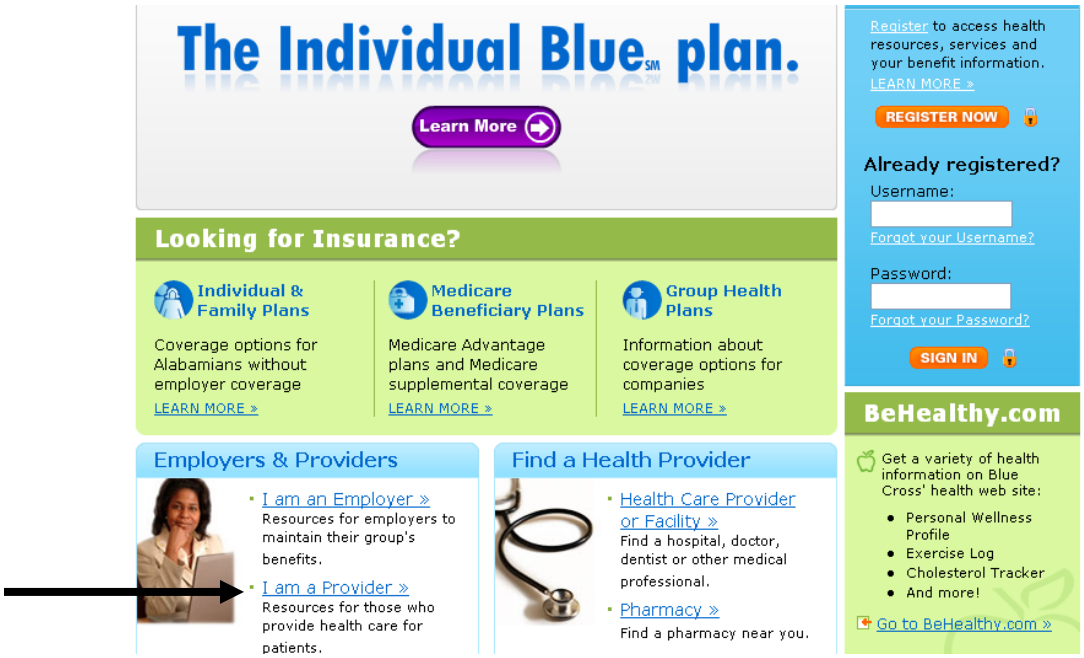
5. To select a field without using a mouse:
   - Use the "Tab" key to move the cursor to the item you would like to select
   - The item is selected if the information you choose is highlighted by color/shading

6. To select a button, choose one of the following:
   - Move the mouse pointer to the button and depress the left mouse button once **or**
   - Press the "Tab" key until the dotted line appears around the word and then press the "Enter" button

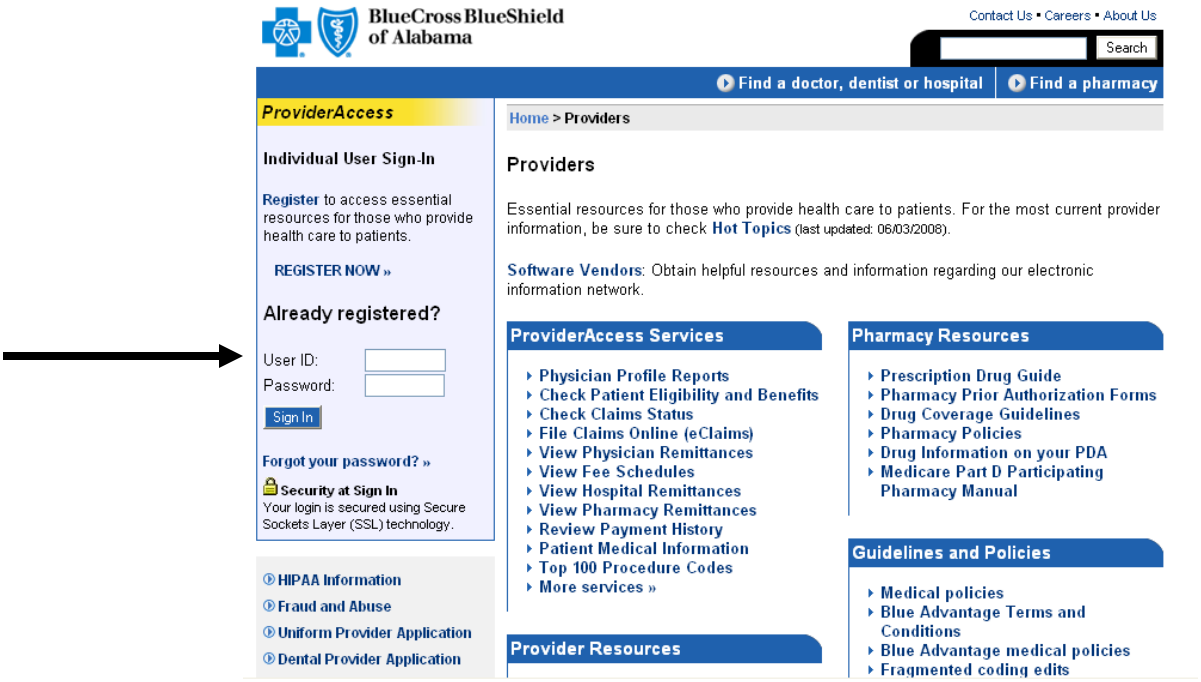
Easy Steps to eClaims

www.bcbsal.com

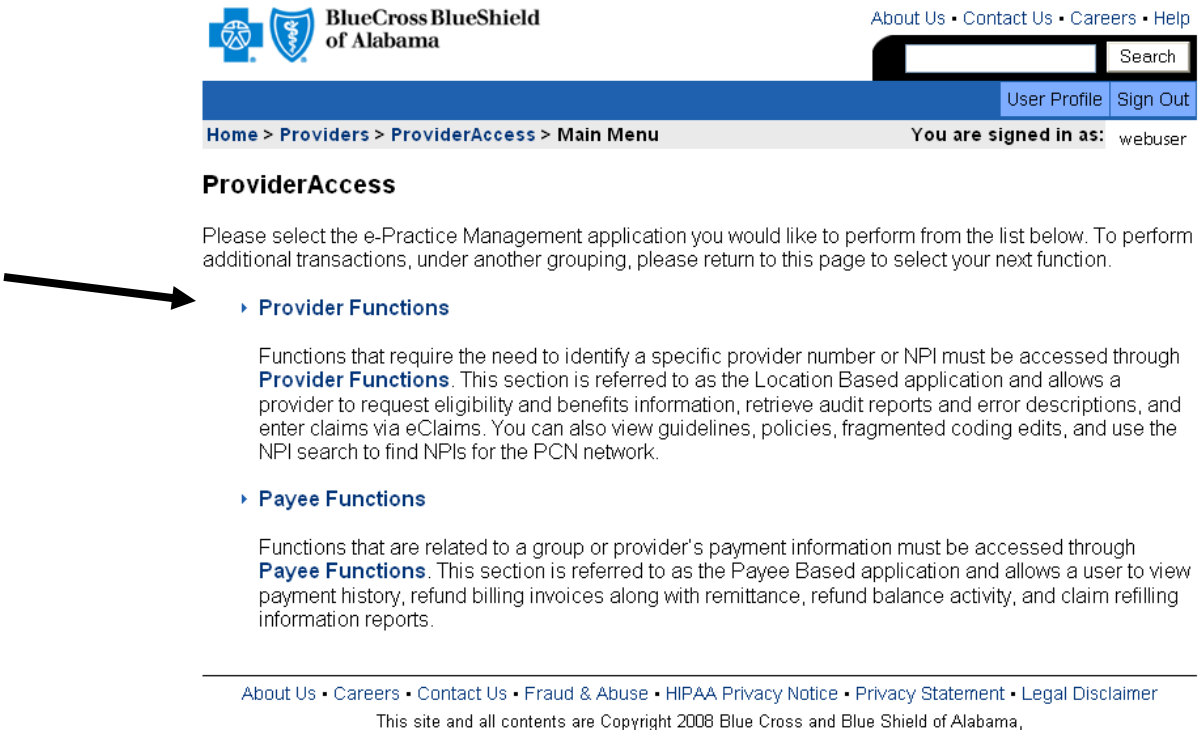
Click on ***"I am a Provider"*** on the Blue Cross and Blue Shield of Alabama home page.


The Individual Blue℠ plan.
Learn More
Looking for Insurance?
Individual & Family Plans
Coverage options for Alabamians without employer coverage
LEARN MORE »
Medicare Beneficiary Plans
Medicare Advantage plans and Medicare supplemental coverage
LEARN MORE »
Group Health Plans
Information about coverage options for companies
LEARN MORE »
Employers & Providers
I am an Employer »
Resources for employers to maintain their group's benefits.
I am a Provider »
Resources for those who provide health care for patients.
Find a Health Provider
Health Care Provider or Facility »
Find a hospital, doctor, dentist or other medical professional.
Pharmacy »
Find a pharmacy near you.
Register to access health resources, services and your benefit information.
LEARN MORE »
REGISTER NOW
Already registered?
Username:
Forgot your Username?
Password:
Forgot your Password?
SIGN IN
BeHealthy.com
Get a variety of health information on Blue Cross' health web site:
Personal Wellness Profile
Exercise Log
Cholesterol Tracker
And more!
Go to BeHealthy.com »

Enter your **Individual User ID** and **Password** then click ***"Sign In".***


BlueCross BlueShield of Alabama
Contact Us • Careers • About Us
Search
Find a doctor, dentist or hospital
Find a pharmacy
ProviderAccess
Individual User Sign-In
Register to access essential resources for those who provide health care to patients.
REGISTER NOW »
Already registered?
User ID:
Password:
Sign In
Forgot your password? »
Security at Sign In
Your login is secured using Secure Sockets Layer (SSL) technology.
HIPAA Information
Fraud and Abuse
Uniform Provider Application
Dental Provider Application
Home > Providers
Providers
Essential resources for those who provide health care to patients. For the most current provider information, be sure to check Hot Topics (last updated: 06/03/2008).
Software Vendors: Obtain helpful resources and information regarding our electronic information network.
ProviderAccess Services
Physician Profile Reports
Check Patient Eligibility and Benefits
Check Claims Status
File Claims Online (eClaims)
View Physician Remittances
View Fee Schedules
View Hospital Remittances
View Pharmacy Remittances
Review Payment History
Patient Medical Information
Top 100 Procedure Codes
More services »
Pharmacy Resources
Prescription Drug Guide
Pharmacy Prior Authorization Forms
Drug Coverage Guidelines
Pharmacy Policies
Drug Information on your PDA
Medicare Part D Participating Pharmacy Manual
Guidelines and Policies
Medical policies
Blue Advantage Terms and Conditions
Blue Advantage medical policies
Fragmented coding edits
Provider Resources

Click on ***Provider Functions*** for claim entry.


BlueCross BlueShield of Alabama
About Us • Contact Us • Careers • Help
Search
User Profile
Sign Out
Home > Providers > ProviderAccess > Main Menu
You are signed in as: webuser
ProviderAccess
Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, under another grouping, please return to this page to select your next function.
Provider Functions
Functions that require the need to identify a specific provider number or NPI must be accessed through Provider Functions. This section is referred to as the Location Based application and allows a provider to request eligibility and benefits information, retrieve audit reports and error descriptions, and enter claims via eClaims. You can also view guidelines, policies, fragmented coding edits, and use the NPI search to find NPIs for the PCN network.
Payee Functions
Functions that are related to a group or provider's payment information must be accessed through Payee Functions. This section is referred to as the Payee Based application and allows a user to view payment history, refund billing invoices along with remittance, refund balance activity, and claim refilling information reports.
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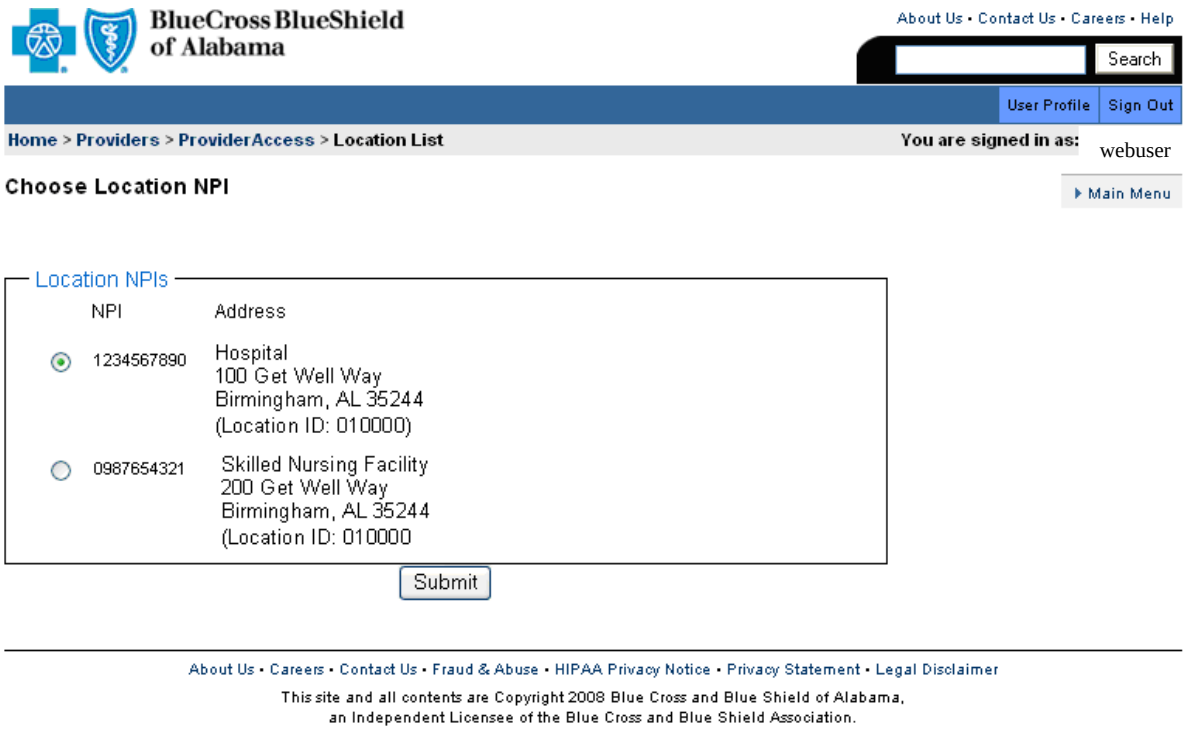
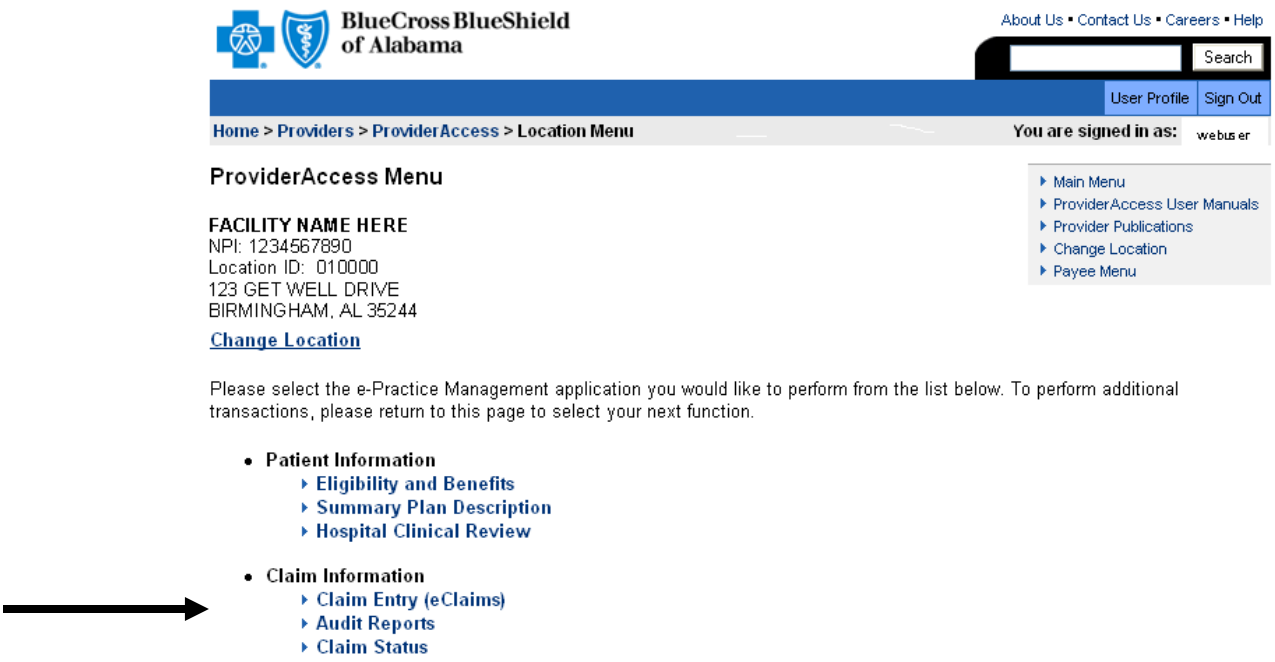
Choose the location to enter claims and press “Submit”. If there’s only one location, that location will automatically be selected.


BlueCross BlueShield of Alabama
About Us • Contact Us • Careers • Help
Search
User Profile
Sign Out
Home > Providers > ProviderAccess > Location List
You are signed in as:
webuser
Choose Location NPI
Main Menu
Location NPIs
NPI
Address
1234567890
Hospital
100 Get Well Way
Birmingham, AL 35244
(Location ID: 010000)
0987654321
Skilled Nursing Facility
200 Get Well Way
Birmingham, AL 35244
(Location ID: 010000
Submit
About Us • Careers • Contact Us • Fraud & Abuse • HIPAA Privacy Notice • Privacy Statement • Legal Disclaimer
This site and all contents are Copyright 2008 Blue Cross and Blue Shield of Alabama,
an Independent Licensee of the Blue Cross and Blue Shield Association.

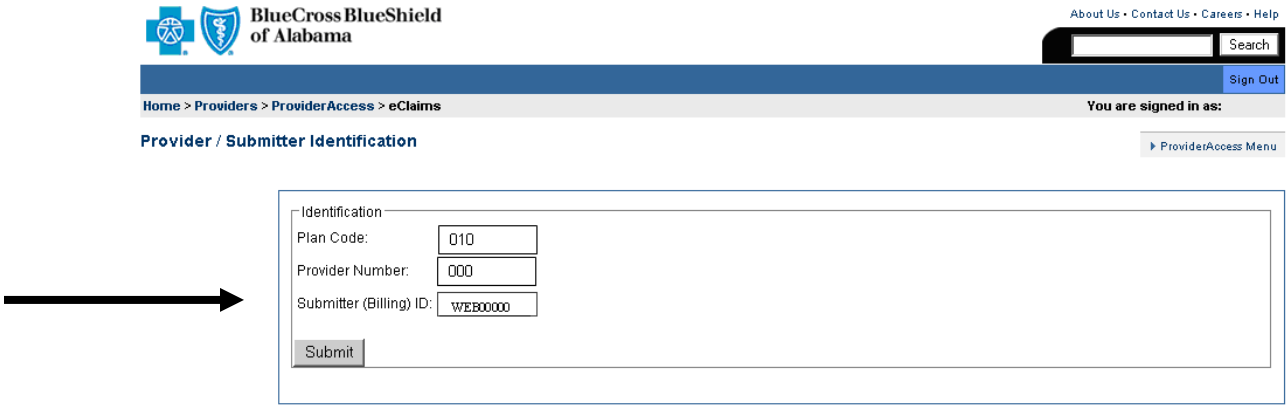
Click on the words **“Claim Entry (eClaims)”**


BlueCross BlueShield of Alabama
About Us ▪ Contact Us ▪ Careers ▪ Help
Search
User Profile
Sign Out
Home > Providers > ProviderAccess > Location Menu
You are signed in as: webuser
ProviderAccess Menu
Main Menu
ProviderAccess User Manuals
Provider Publications
Change Location
Payee Menu
FACILITY NAME HERE
NPI: 1234567890
Location ID: 010000
123 GET WELL DRIVE
BIRMINGHAM, AL 35244
Change Location
Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.
Patient Information
Eligibility and Benefits
Summary Plan Description
Hospital Clinical Review
Claim Information
Claim Entry (eClaims)
Audit Reports
Claim Status

Provider/Submitter Identification

Verify the ***"Plan Code"*** and the "***Provider Number"*** is correct. Enter your "***Submitter (Billing) ID"***

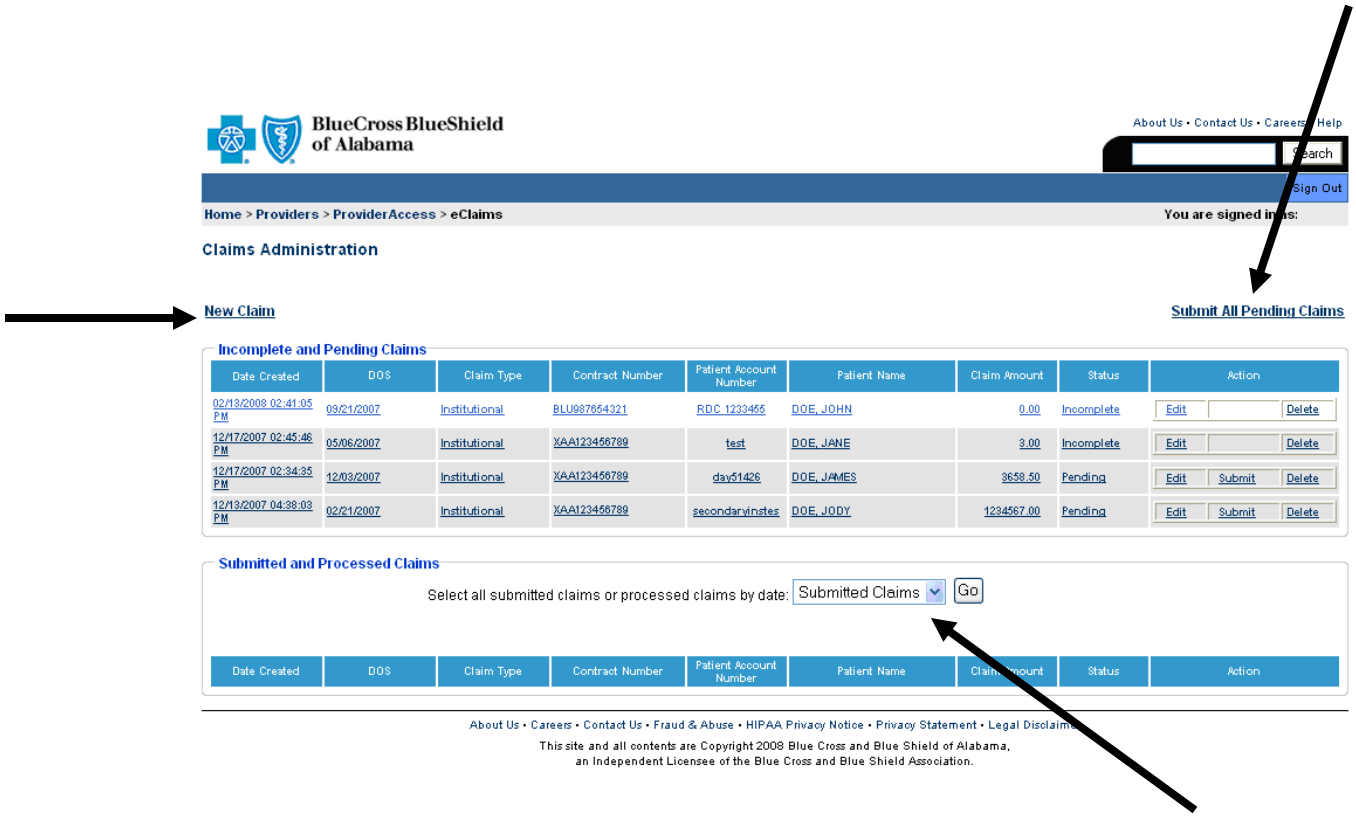
Please contact our web desk at 205 220-6899 if a Submitter (Billing) ID is needed.



Claims Administration

eClaims allows a user to submit all pending claims by clicking "Submit All Pending Claims"

To create a new claim, click the word ***"New Claim".***

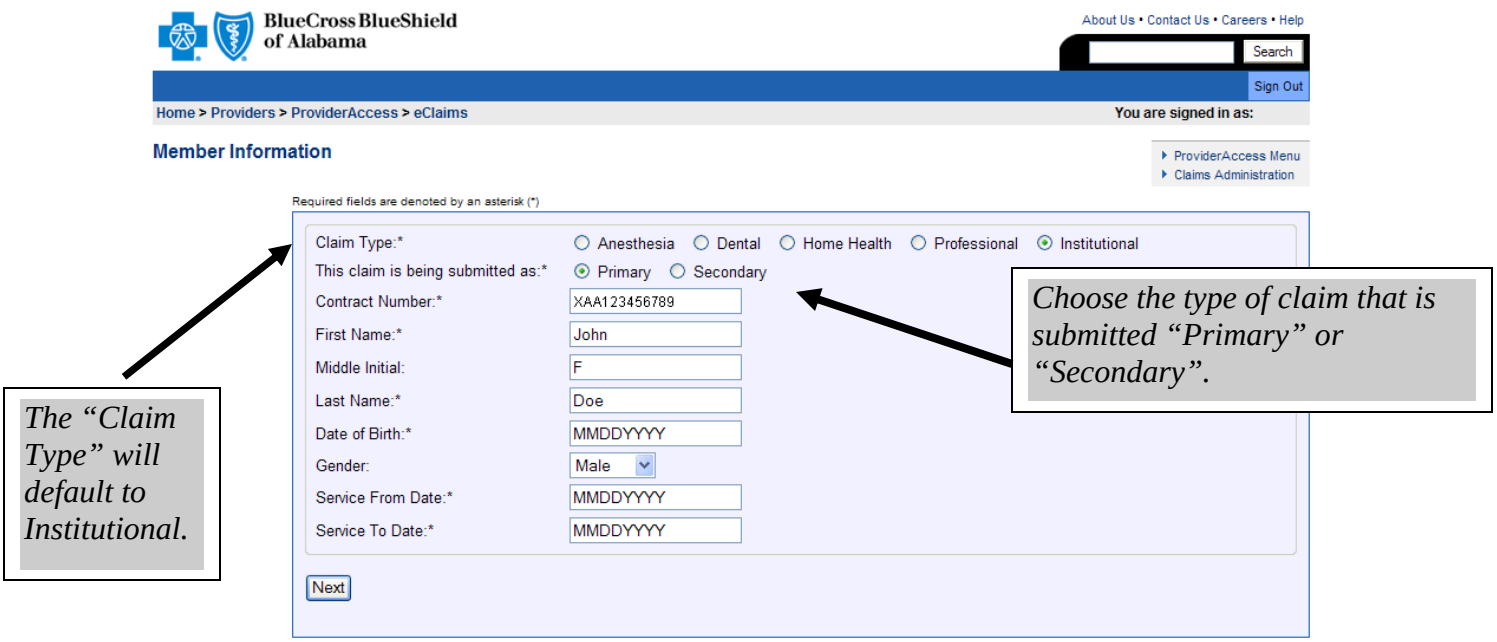


To view previously submitted claims, select a date from the drop down box.

Member Information

Required fields are denoted by an asterisk.

Enter all information in required fields.

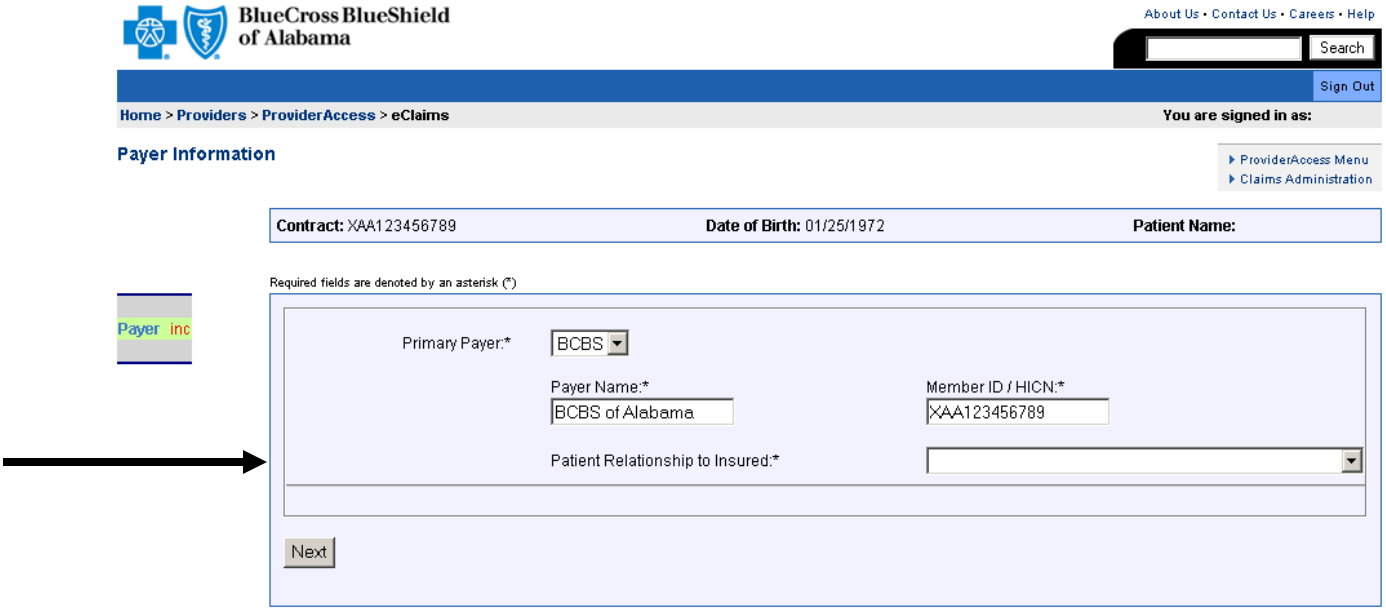

BlueCross BlueShield of Alabama
About Us • Contact Us • Careers • Help
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Member Information
ProviderAccess Menu
Claims Administration
Required fields are denoted by an asterisk (*)
Claim Type:* Anesthesia Dental Home Health Professional Institutional
This claim is being submitted as:* Primary Secondary
Contract Number:* XAA123456789
First Name:* John
Middle Initial: F
Last Name:* Doe
Date of Birth:* MMDDYYYY
Gender: Male
Service From Date:* MMDDYYYY
Service To Date:* MMDDYYYY
Next

The "Claim Type" will default to Institutional.

Choose the type of claim that is submitted "Primary" or "Secondary".

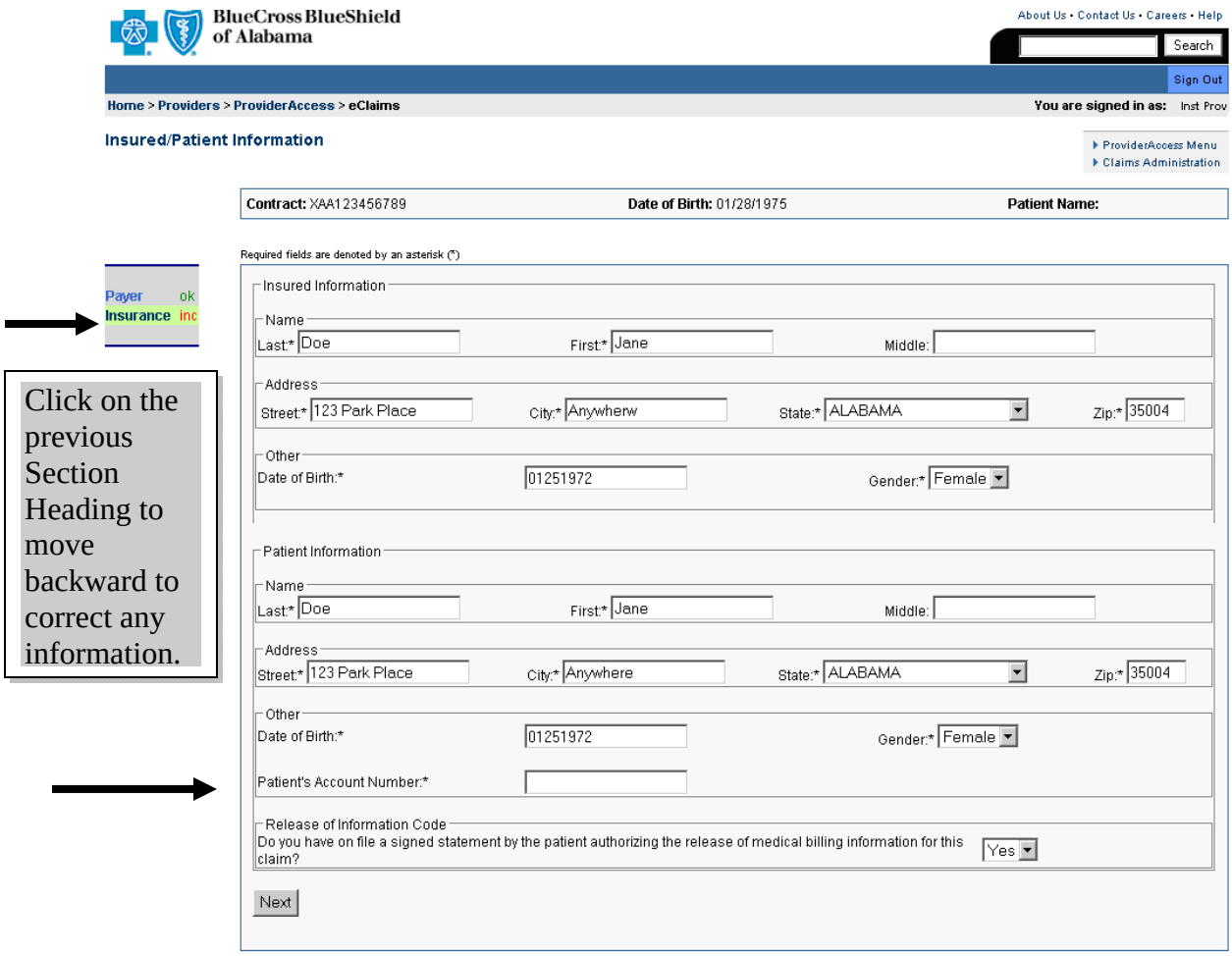
Payer Information

Verify that all information is accurate. Select the ***"Patient Relationship to Insured"*** field and choose the option that applies to your claim.



Insured/Patient Information

Verify that all information returned on this screen is correct.



Click on the previous Section Heading to move backward to correct any information.

Tip: *Don't forget to add the* ***"Patient Account Number."***

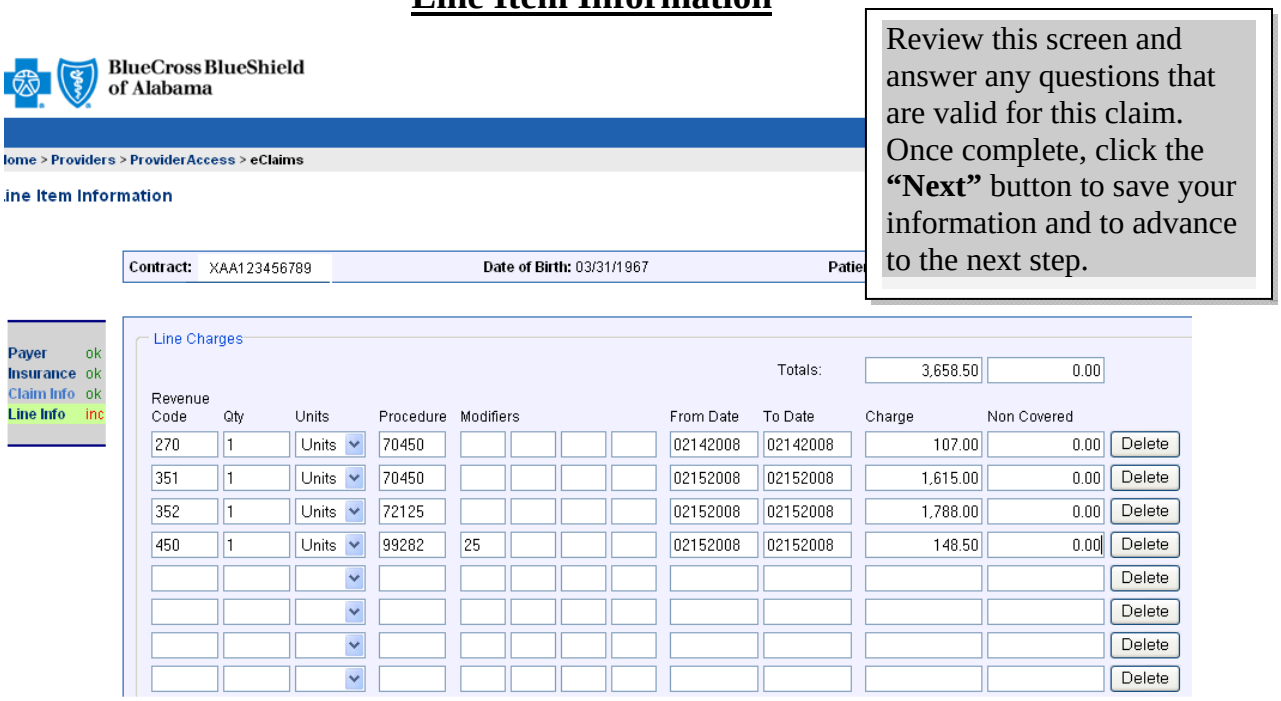
Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

This section contains the information related to the medical services rendered to the patient by the provider.
Enter all information for the claim.

Information to be keyed on this screen is from the top and bottom of the UB04 paper claim form.

Line Item Information


BlueCross BlueShield of Alabama
lome > Providers > ProviderAccess > eClaims
.ine Item Information
Review this screen and answer any questions that are valid for this claim. Once complete, click the "Next" button to save your information and to advance to the next step.
Contract: XAA123456789
Date of Birth: 03/31/1967
Payer ok
Insurance ok
Claim Info ok
Line Info inc
Line Charges
Totals: 3,658.50 0.00
Revenue Code | Qty | Units | Procedure | Modifiers | From Date | To Date | Charge | Non Covered
270 | 1 | Units | 70450 | 02142008 | 02142008 | 107.00 | 0.00 | Delete
351 | 1 | Units | 70450 | 02152008 | 02152008 | 1,615.00 | 0.00 | Delete
352 | 1 | Units | 72125 | 02152008 | 02152008 | 1,788.00 | 0.00 | Delete
450 | 1 | Units | 99282 | 25 | 02152008 | 02152008 | 148.50 | 0.00 | Delete

You may key up to 27 line items on this screen. After completion, click the **"Next"** button. If there are no errors, the claim will be accepted and you will be forwarded to the Claims Administration screen.

Information to be keyed on this screen is from the middle section of the UB04 paper claim form.

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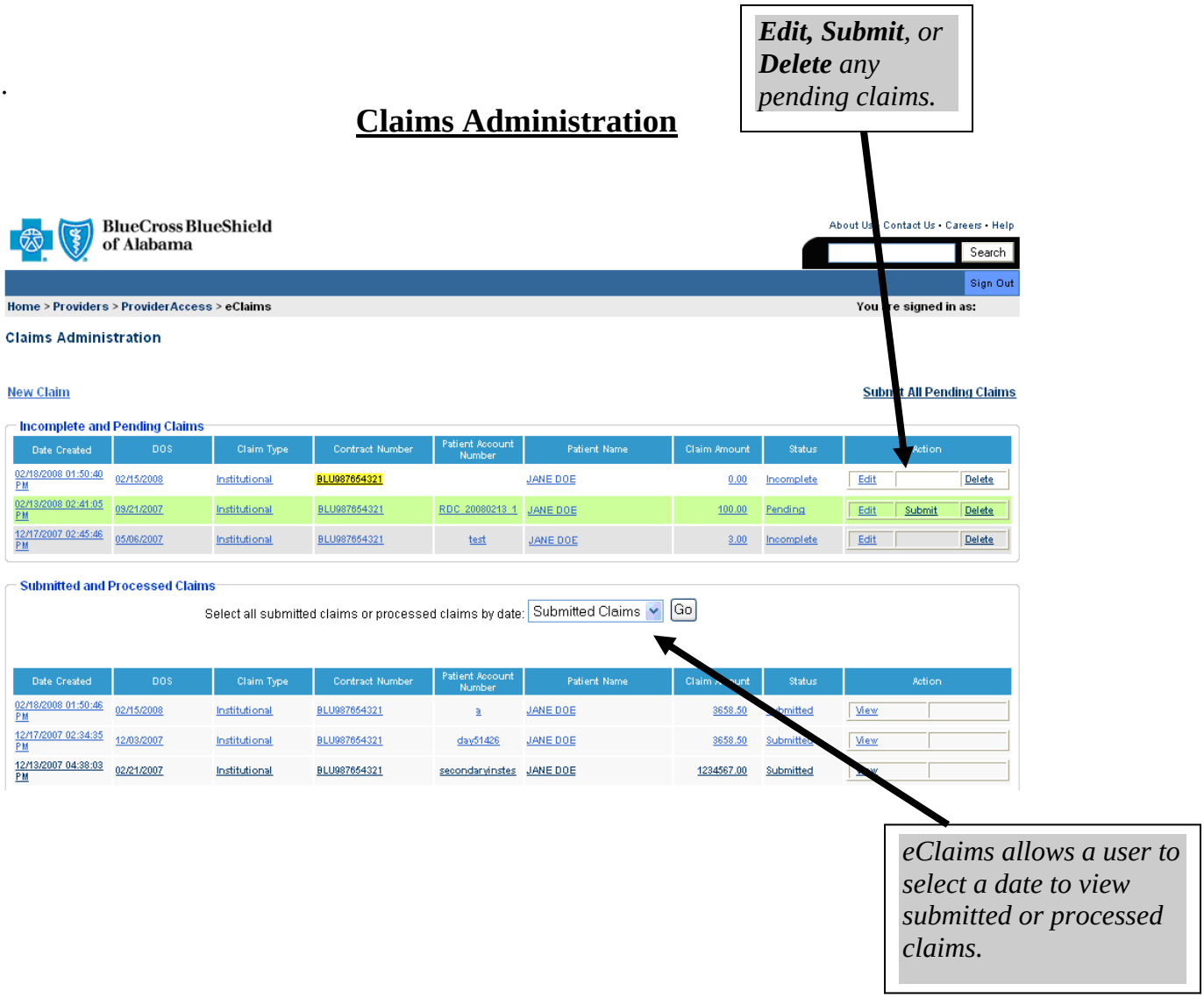
Claims Administration


Edit, Submit, or Delete any pending claims.
BlueCross BlueShield of Alabama
About Us | Contact Us | Careers | Help
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/18/2008 01:50:40 PM | 02/15/2008 | Institutional | BLU987654321 | | JANE DOE | 0.00 | Incomplete | Edit | Delete
02/13/2008 02:41:05 PM | 09/21/2007 | Institutional | BLU987654321 | RDC_20080213_1 | JANE DOE | 100.00 | Pending | Edit | Submit | Delete
12/17/2007 02:45:46 PM | 05/06/2007 | Institutional | BLU987654321 | test | JANE DOE | 3.00 | Incomplete | Edit | Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
Date Created | DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/18/2008 01:50:46 PM | 02/15/2008 | Institutional | BLU987654321 | a | JANE DOE | 3658.50 | Submitted | View
12/17/2007 02:34:35 PM | 12/03/2007 | Institutional | BLU987654321 | day51426 | JANE DOE | 3658.50 | Submitted | View
12/13/2007 04:38:03 PM | 02/21/2007 | Institutional | BLU987654321 | secondaryinstes | JANE DOE | 1234567.00 | Submitted | View
eClaims allows a user to select a date to view submitted or processed claims.

Tip: *The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed.*

The claim that you just entered should now appear in the ***"Incomplete and Pending Claims"*** list along with the total claim amount.

You may now choose to ***edit, submit*** or ***delete*** the claim.

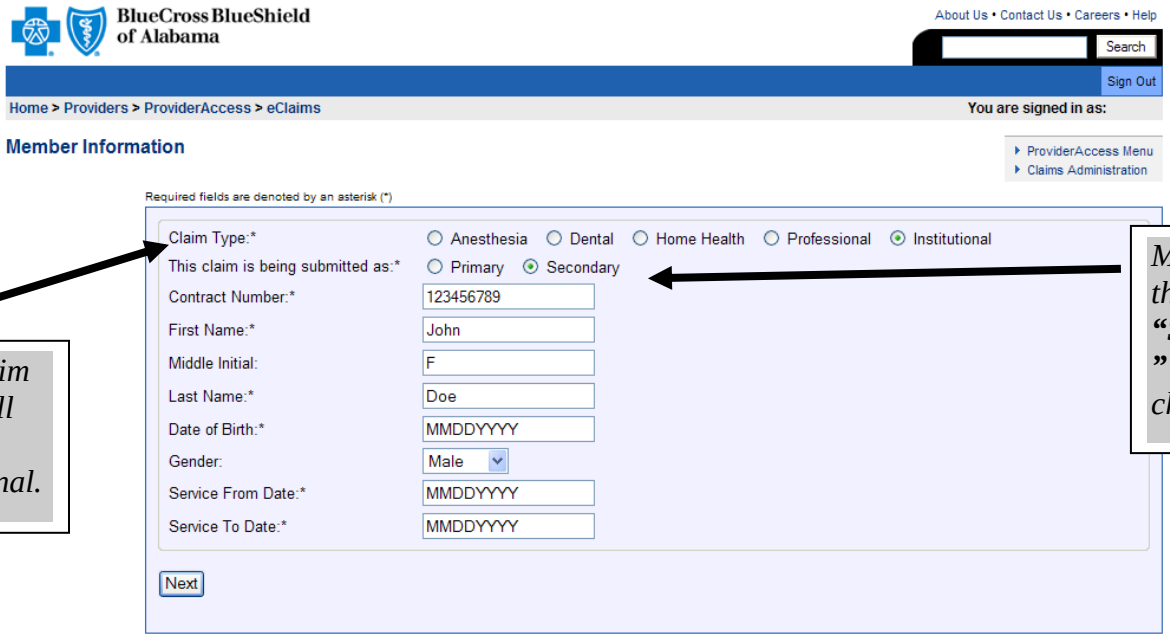
After the claim is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the "***Submitted and Processed Claims"*** list.

Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Secondary Claims

Member Information

Required fields are denoted by an asterisk.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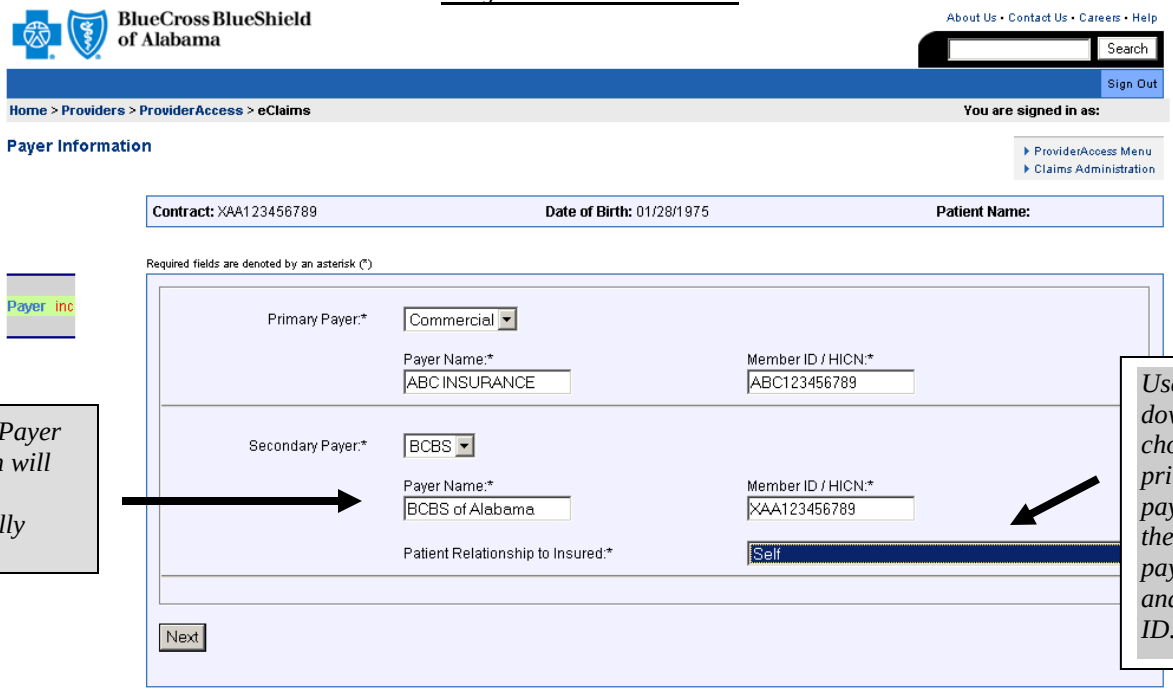
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Member Information
ProviderAccess Menu
Claims Administration
Required fields are denoted by an asterisk (*)
Claim Type:* Anesthesia Dental Home Health Professional Institutional
This claim is being submitted as:* Primary Secondary
Contract Number:* 123456789
First Name:* John
Middle Initial: F
Last Name:* Doe
Date of Birth:* MMDDYYYY
Gender: Male
Service From Date:* MMDDYYYY
Service To Date:* MMDDYYYY
Next

The "Claim Type" will default to Institutional.

*Make sure the **"Secondary"** button is checked.*

Payer Information

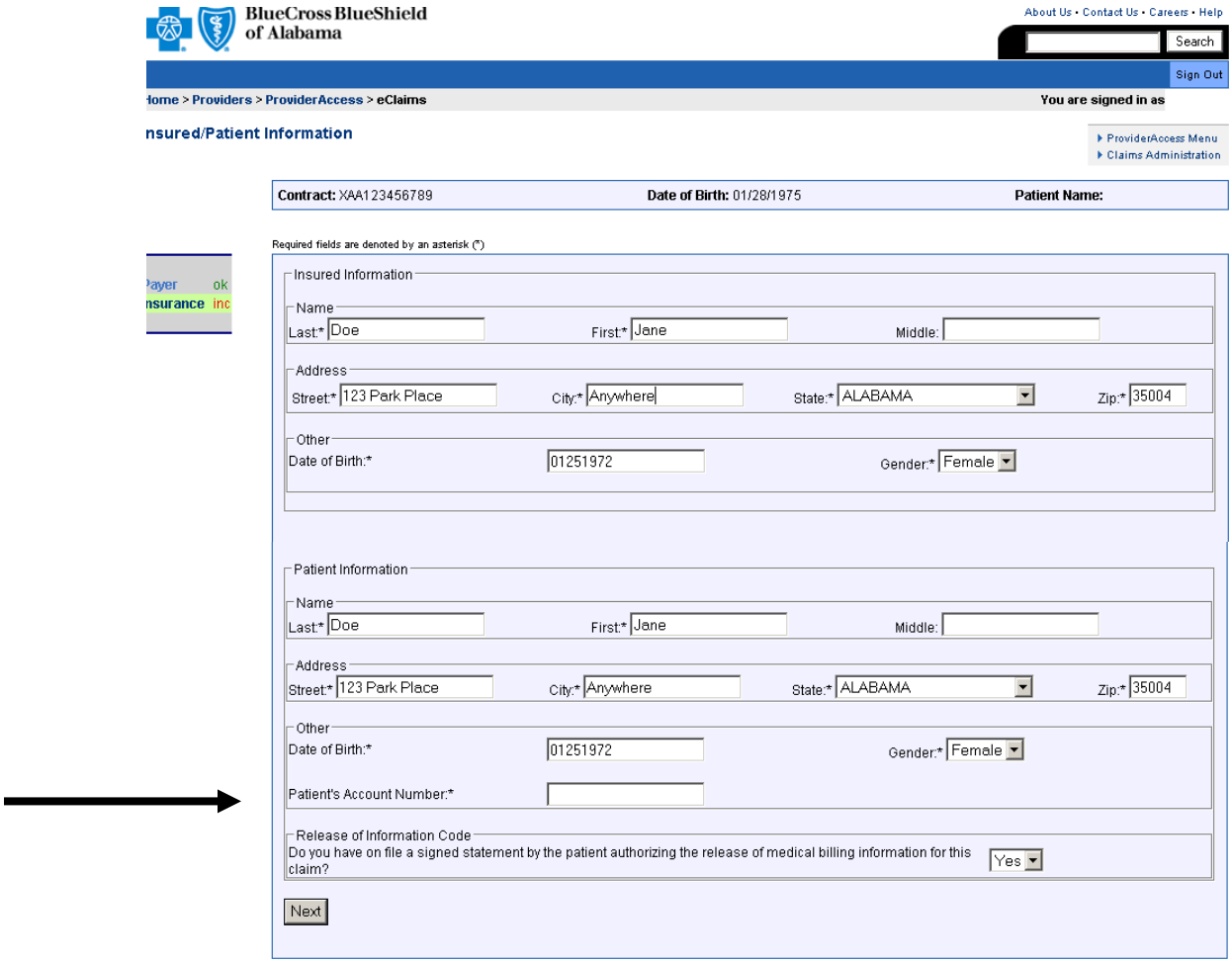


Secondary Payer information will populated automatically

Use the drop down box and choose the primary payer. Key the primary payer name and member ID.

Choose the correct option for ***"patient relationship to insured"*** that applies to your claim.

INSURED PATIENT INFORMATION



Required fields are denoted by an asterisk.

Tip: *Don't forget to add your "Patient Account Number."*

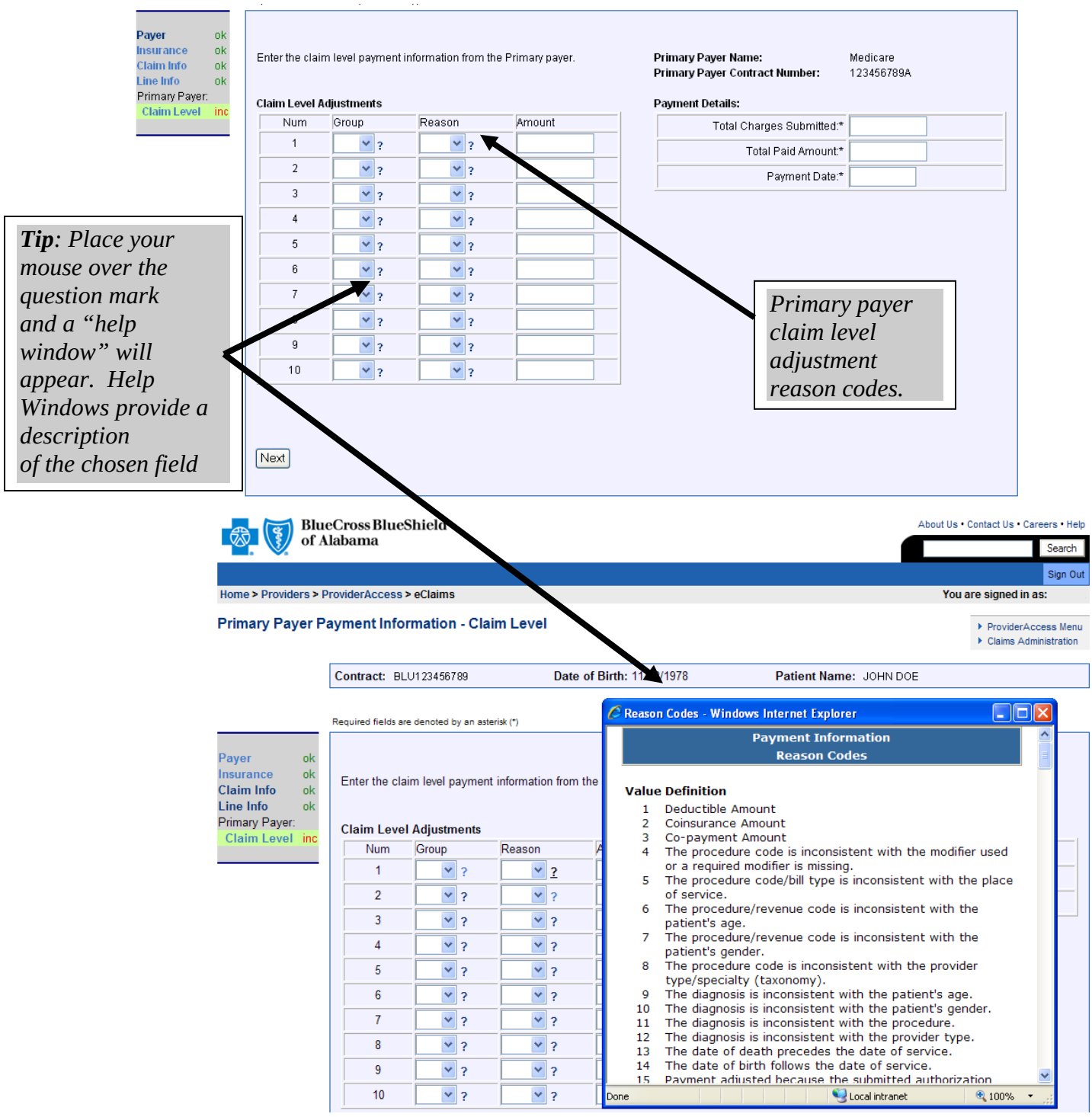
Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

Review this screen and answer any questions that are valid for this claim. Once complete, click the **"Next"** button to save your information and to advance to the next step.

Claim Level Primary Payment Information

This section contains the primary payers processing information.


Payer ok
Insurance ok
Claim Info ok
Line Info ok
Primary Payer:
Claim Level inc
Enter the claim level payment information from the Primary payer.
Primary Payer Name: Medicare
Primary Payer Contract Number: 123456789A
Claim Level Adjustments
Num Group Reason Amount
Payment Details:
Total Charges Submitted:*
Total Paid Amount:*
Payment Date:*
Next
Tip: Place your mouse over the question mark and a "help window" will appear. Help Windows provide a description of the chosen field
Primary payer claim level adjustment reason codes.
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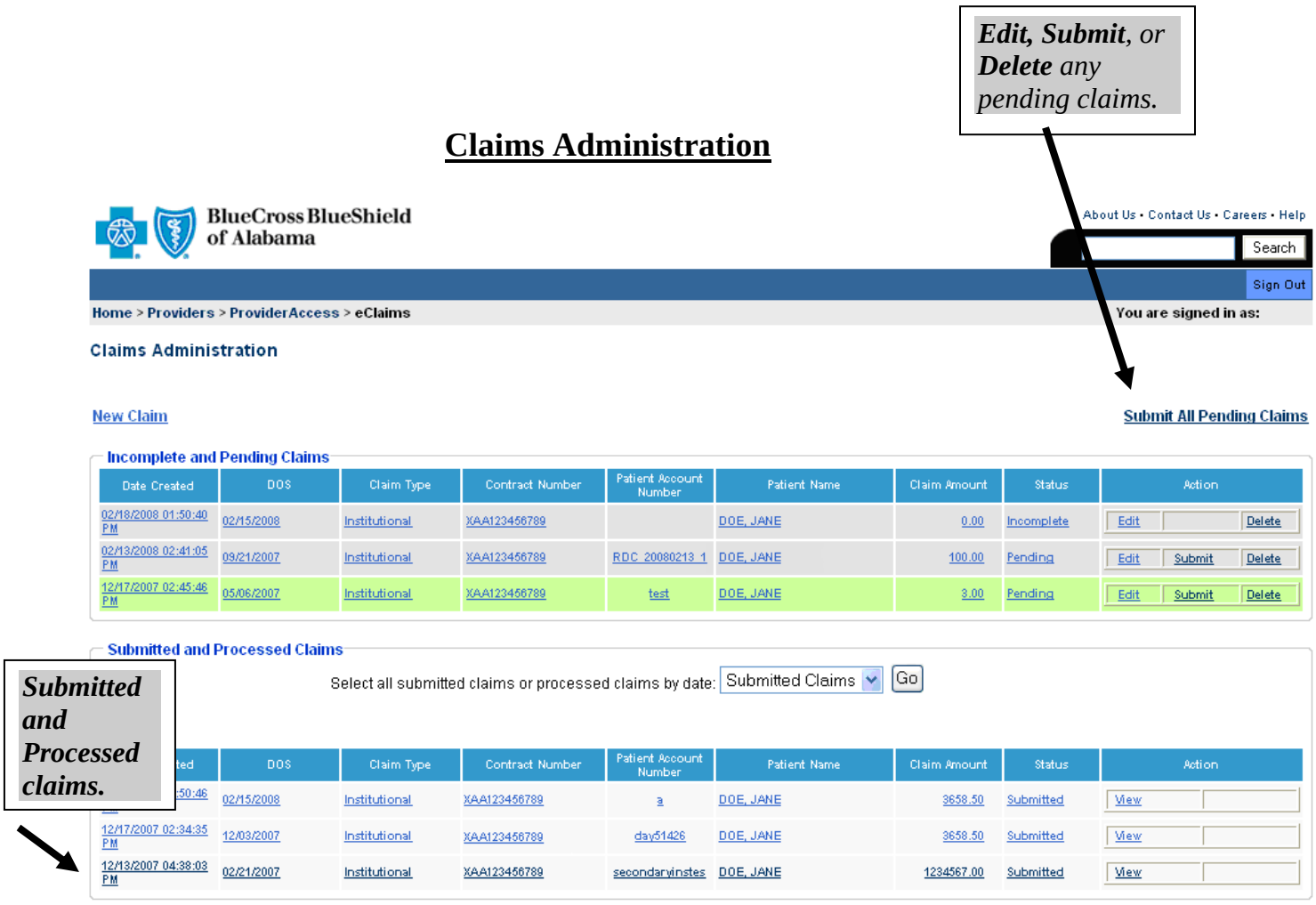
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Primary Payer Payment Information - Claim Level
ProviderAccess Menu
Claims Administration
Contract: BLU123456789
Date of Birth: 11/1978
Patient Name: JOHN DOE
Required fields are denoted by an asterisk (*)
Reason Codes - Windows Internet Explorer
Payment Information
Reason Codes
Value Definition
1 Deductible Amount
2 Coinsurance Amount
3 Co-payment Amount
4 The procedure code is inconsistent with the modifier used or a required modifier is missing.
5 The procedure code/bill type is inconsistent with the place of service.
6 The procedure/revenue code is inconsistent with the patient's age.
7 The procedure/revenue code is inconsistent with the patient's gender.
8 The procedure code is inconsistent with the provider type/specialty (taxonomy).
9 The diagnosis is inconsistent with the patient's age.
10 The diagnosis is inconsistent with the patient's gender.
11 The diagnosis is inconsistent with the procedure.
12 The diagnosis is inconsistent with the provider type.
13 The date of death precedes the date of service.
14 The date of birth follows the date of service.
15 Payment adjusted because the submitted authorization
Done
Local intranet
100%

Claims Administration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You are signed in as:
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/18/2008 01:50:40 PM | 02/15/2008 | Institutional | XAA123456789 | | DOE, JANE | 0.00 | Incomplete | Edit Delete
02/13/2008 02:41:05 PM | 09/21/2007 | Institutional | XAA123456789 | RDC_20080213_1 | DOE, JANE | 100.00 | Pending | Edit Submit Delete
12/17/2007 02:45:46 PM | 05/06/2007 | Institutional | XAA123456789 | test | DOE, JANE | 3.00 | Pending | Edit Submit Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/15/2008 | Institutional | XAA123456789 | a | DOE, JANE | 3658.50 | Submitted | View
12/17/2007 02:34:35 PM | 12/03/2007 | Institutional | XAA123456789 | day51426 | DOE, JANE | 3658.50 | Submitted | View
12/13/2007 04:38:03 PM | 02/21/2007 | Institutional | XAA123456789 | secondarvinstes | DOE, JANE | 1234567.00 | Submitted | View
Submitted and Processed claims.

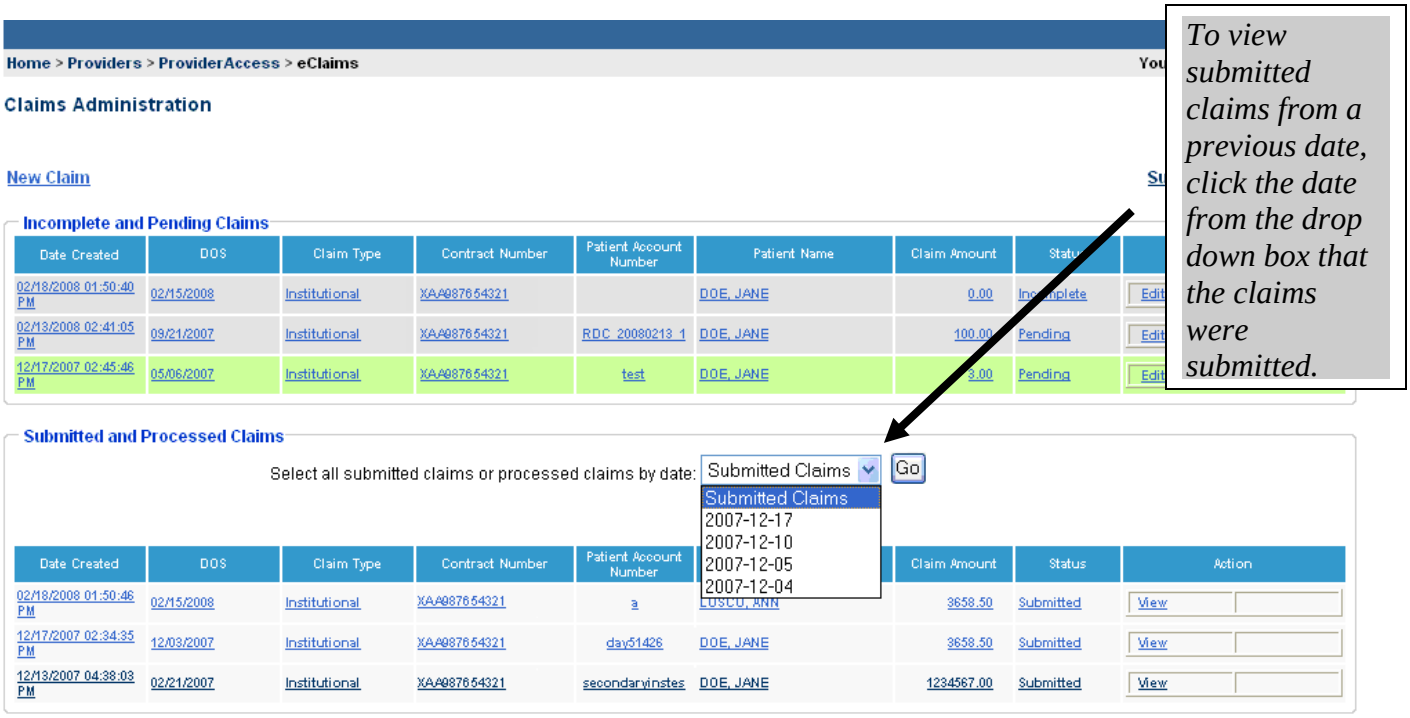
Tip: *The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed.*

The claim that you just entered should now appear in the ***"Incomplete and Pending Claims"*** list along with the total claim amount.

You may now choose to ***edit, submit*** or ***delete*** the claim.

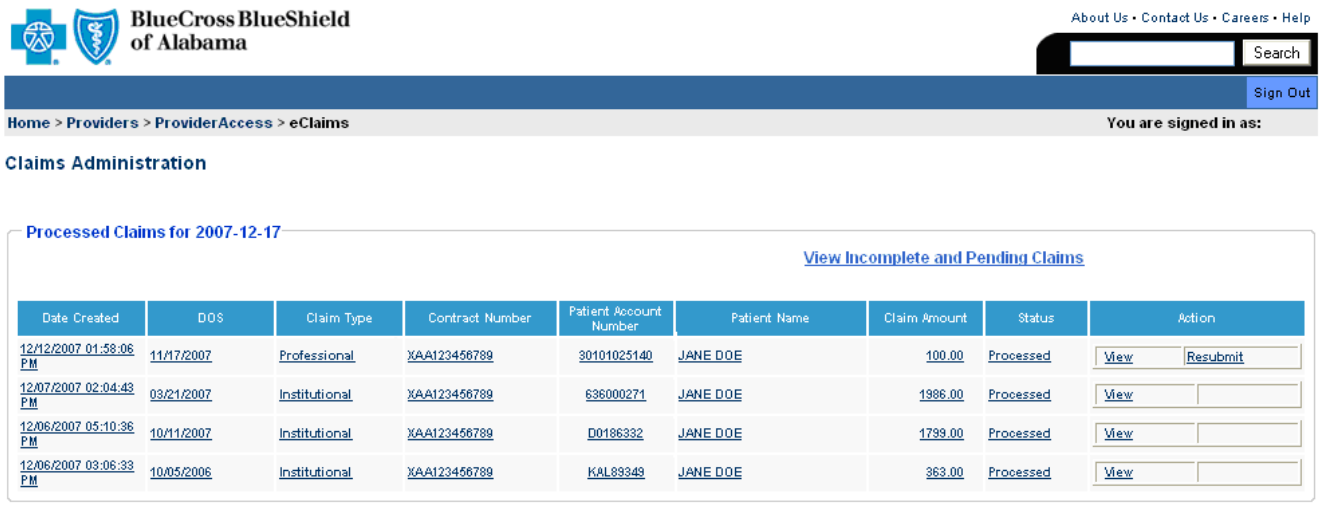
After the claim is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the "***Submitted and Processed Claims"*** list.

Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.



To view submitted claims from a previous date, click the date from the drop down box that the claims were submitted.

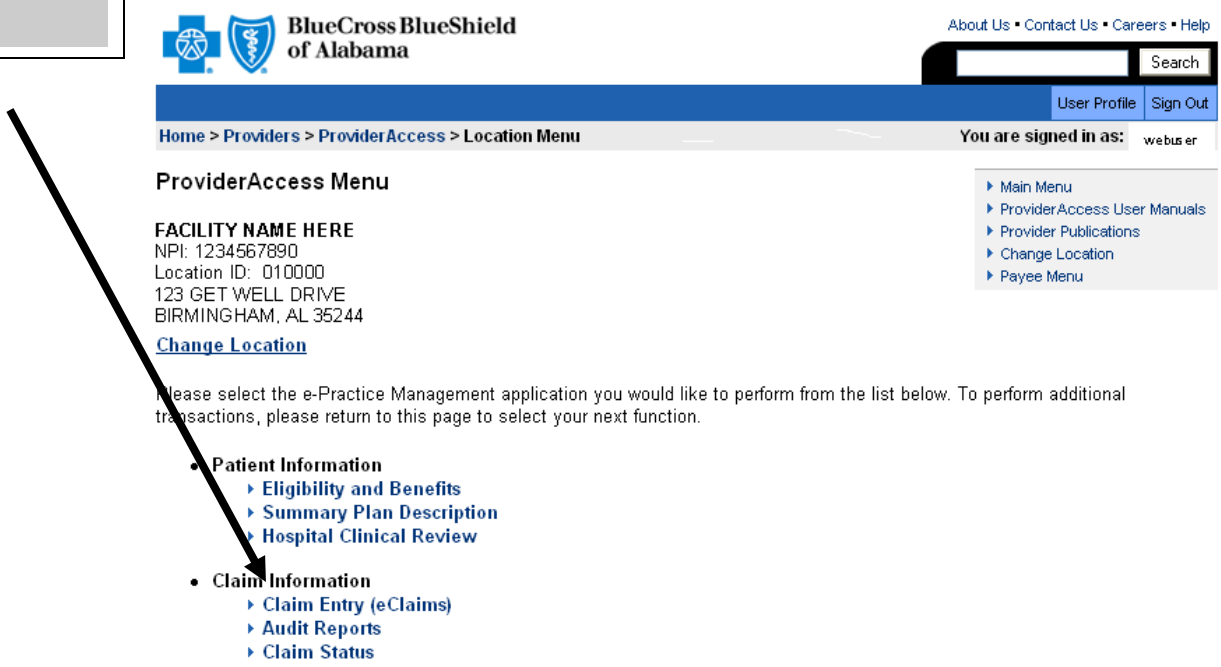
Claims submitted on the day selected will be returned.



Corrected Claims

Claims Administration

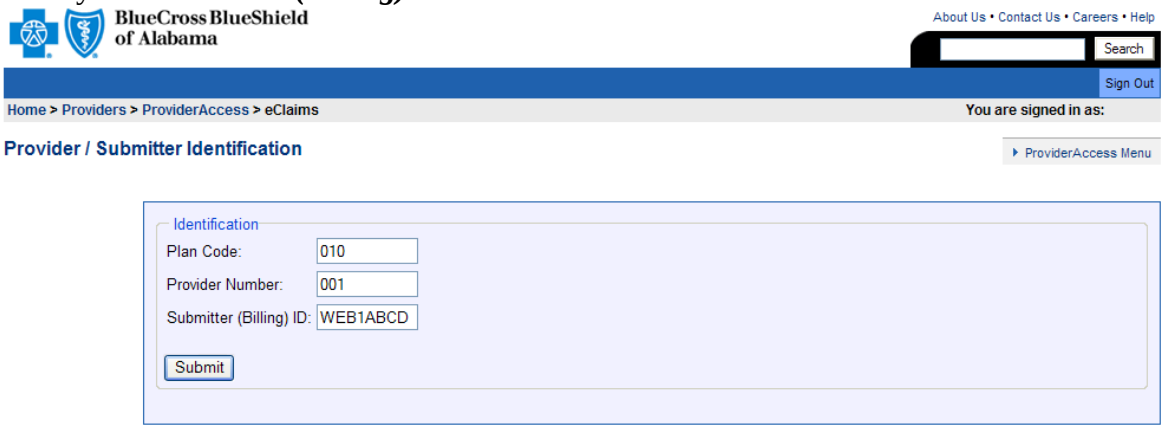
*Click on the words "**Claims Entry (eClaims)***


BlueCross BlueShield of Alabama
About Us • Contact Us • Careers • Help
Search
User Profile
Sign Out
Home > Providers > ProviderAccess > Location Menu
You are signed in as: webuser
ProviderAccess Menu
Main Menu
ProviderAccess User Manuals
Provider Publications
Change Location
Payee Menu
FACILITY NAME HERE
NPI: 1234567890
Location ID: 010000
123 GET WELL DRIVE
BIRMINGHAM, AL 35244
Change Location
Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.
Patient Information
Eligibility and Benefits
Summary Plan Description
Hospital Clinical Review
Claim Information
Claim Entry (eClaims)
Audit Reports
Claim Status

Provider/Submitter Identification

Please contact our web desk at 205 220-6899 if a Submitter (Billing) ID is needed.

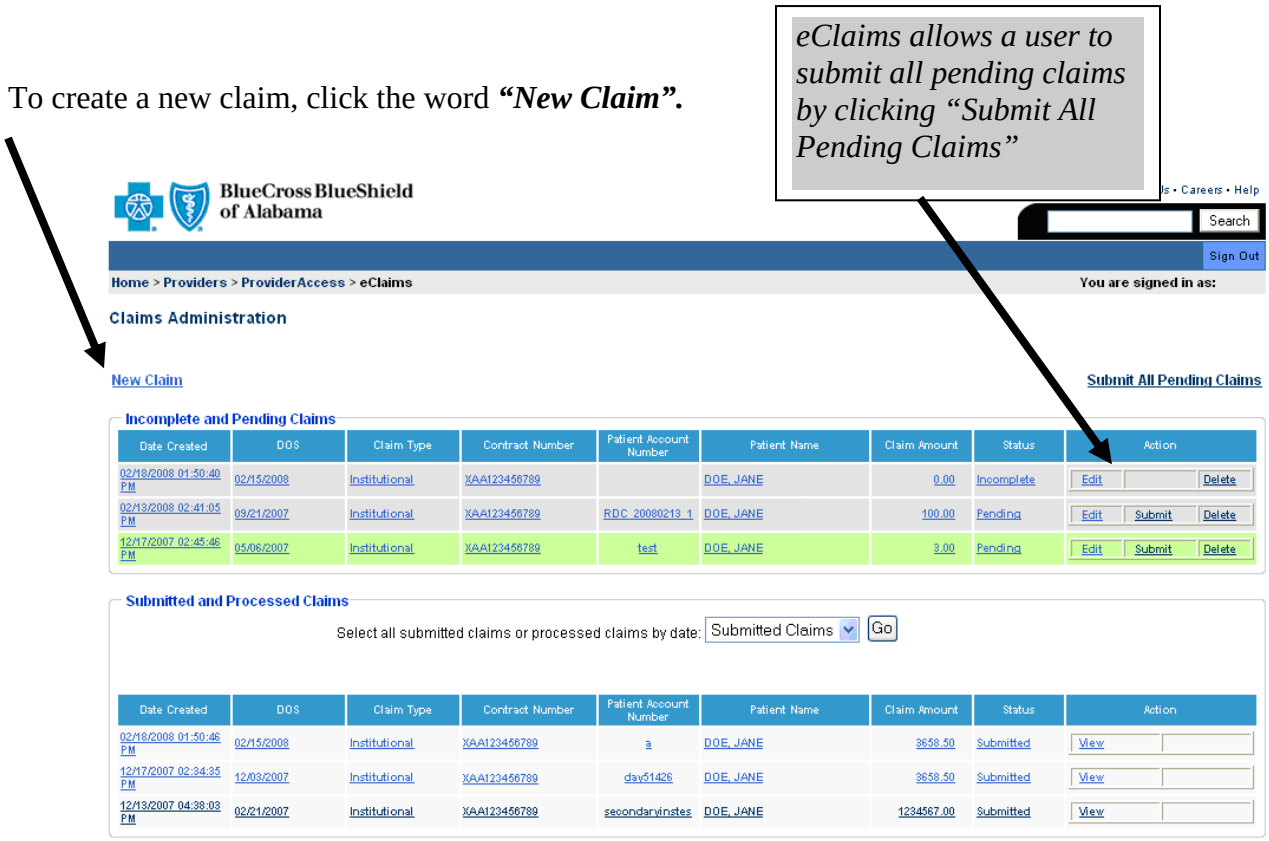
Verify the "***Plan Code"*** and the "***Provider Number"*** is correct.
Enter your "***Submitter (Billing) ID"***



Claims Administration

To create a new claim, click the word ***"New Claim".***

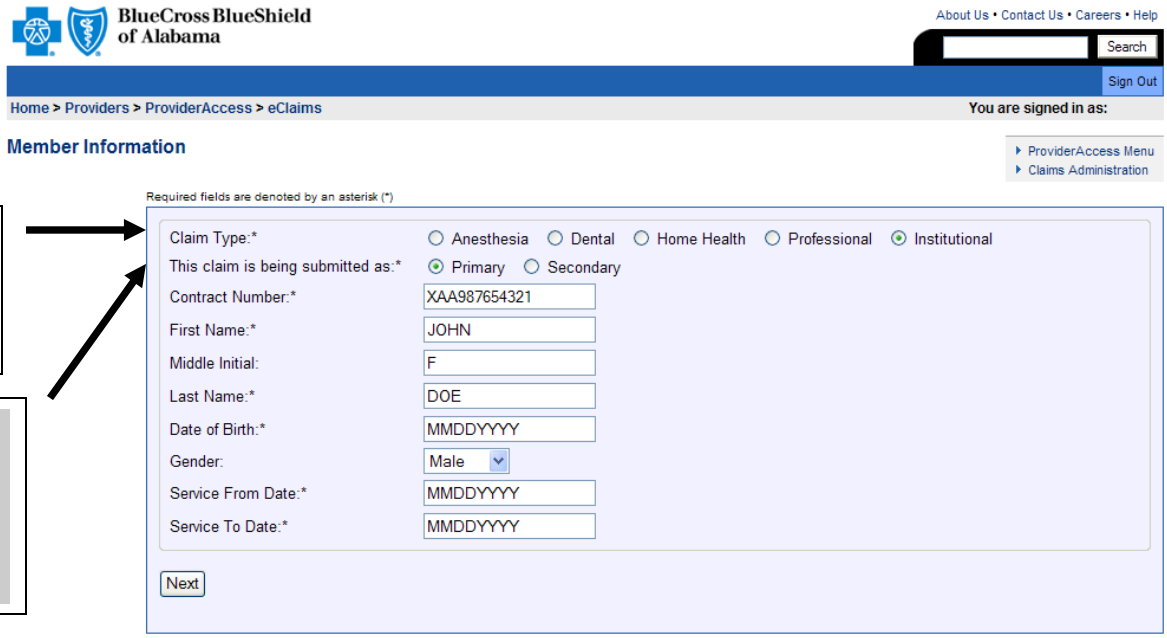
eClaims allows a user to submit all pending claims by clicking "Submit All Pending Claims"


BlueCross BlueShield of Alabama
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/18/2008 01:50:40 PM | 02/15/2008 | Institutional | XAA123456789 | | DOE, JANE | 0.00 | Incomplete | Edit | Delete
02/13/2008 02:41:05 PM | 09/21/2007 | Institutional | XAA123456789 | RDC_20080213_1 | DOE, JANE | 100.00 | Pending | Edit | Submit | Delete
12/17/2007 02:45:46 PM | 05/06/2007 | Institutional | XAA123456789 | test | DOE, JANE | 3.00 | Pending | Edit | Submit | Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
Date Created | DOS | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
02/18/2008 01:50:46 PM | 02/15/2008 | Institutional | XAA123456789 | a | DOE, JANE | 3658.50 | Submitted | View
12/17/2007 02:34:35 PM | 12/03/2007 | Institutional | XAA123456789 | day51426 | DOE, JANE | 3658.50 | Submitted | View
12/13/2007 04:38:03 PM | 02/21/2007 | Institutional | XAA123456789 | secondaryinstes | DOE, JANE | 1234567.00 | Submitted | View

Tip: *The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed.*

Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Insured/Patient Information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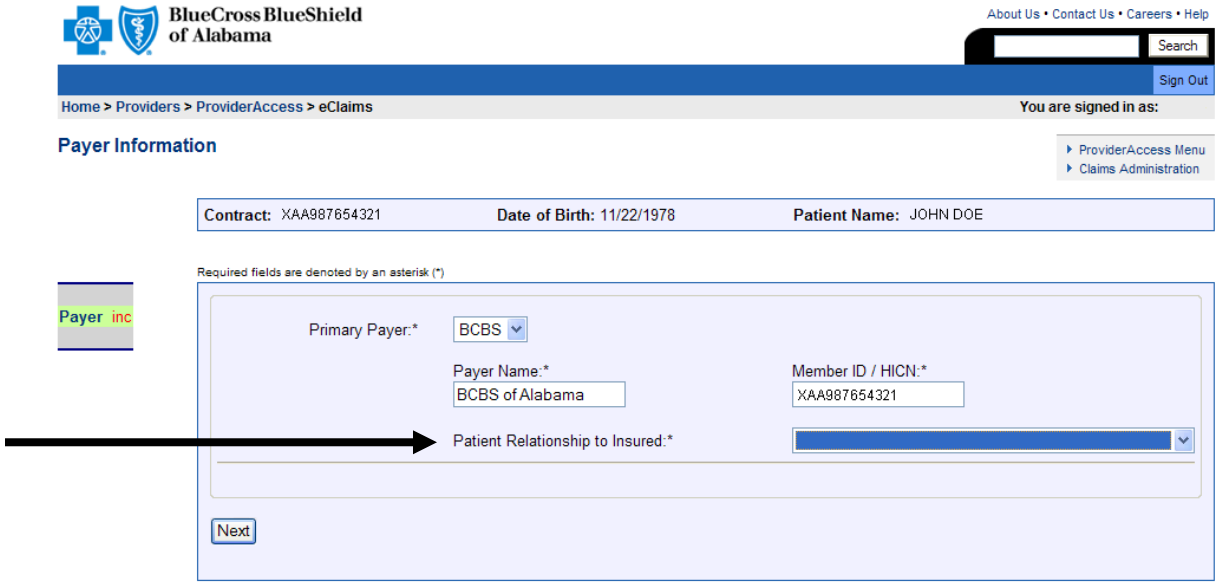
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Member Information
ProviderAccess Menu
Claims Administration
Required fields are denoted by an asterisk (*)
Claim Type:* Anesthesia Dental Home Health Professional Institutional
This claim is being submitted as:* Primary Secondary
Contract Number:* XAA987654321
First Name:* JOHN
Middle Initial: F
Last Name:* DOE
Date of Birth:* MMDDYYYY
Gender: Male
Service From Date:* MMDDYYYY
Service To Date:* MMDDYYYY
Next

The "Claim Type" will default to Institutional.

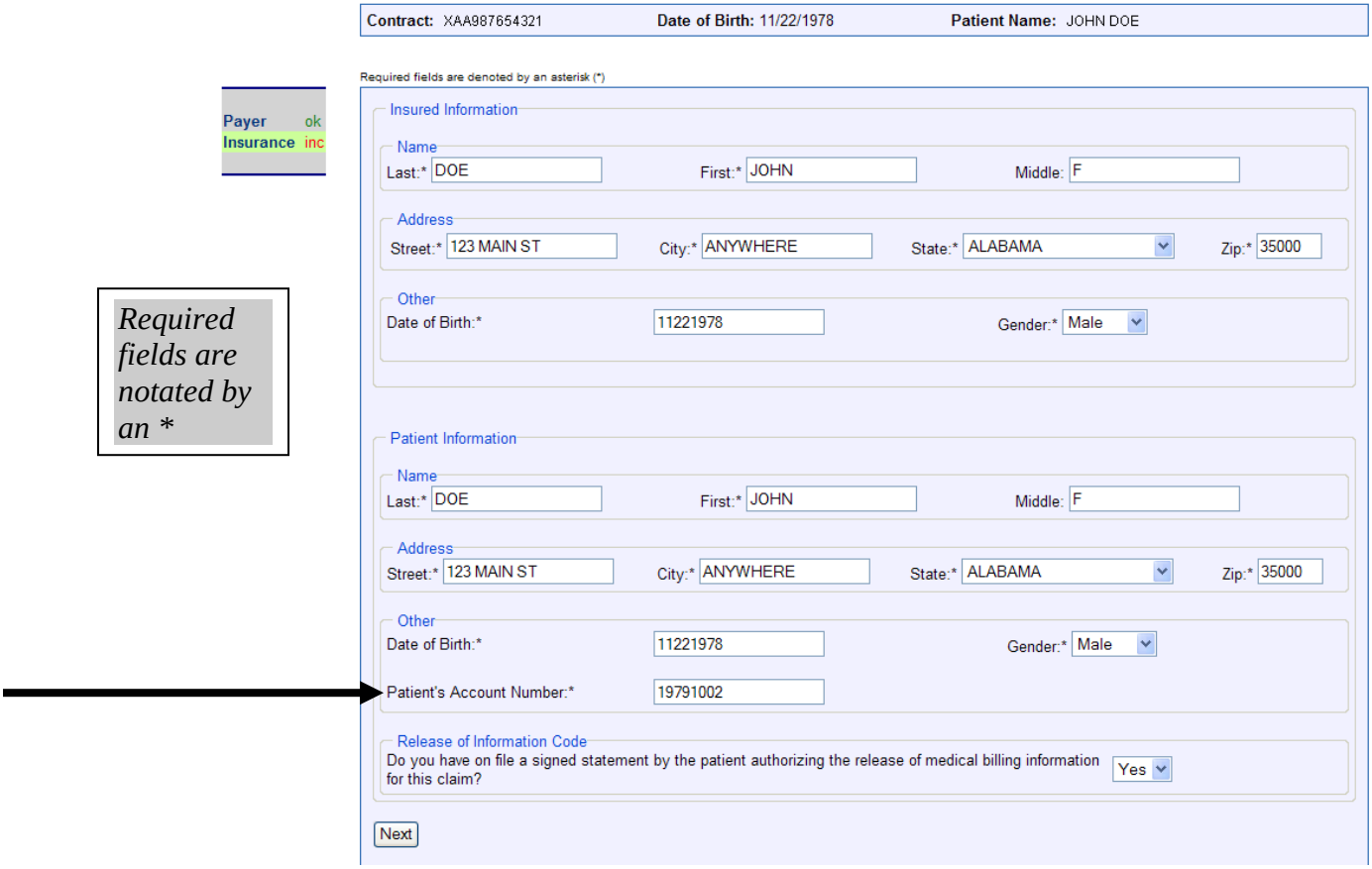
Choose the type of claim that is submitted "Primary" or "Secondary".

Payer Information

Verify that all information is accurate. Select the ***"Patient Relationship to Insured"*** field and choose the option that applies to your claim



INSURED PATIENT INFORMATION



*Required fields are notated by an **

***Tip:** Don't forget to add your "Patient Account Number."*

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

This section contains the information related to the medical services rendered to the patient by the provider. Three fields are required in addition to the other required fields to submit a corrected claim.

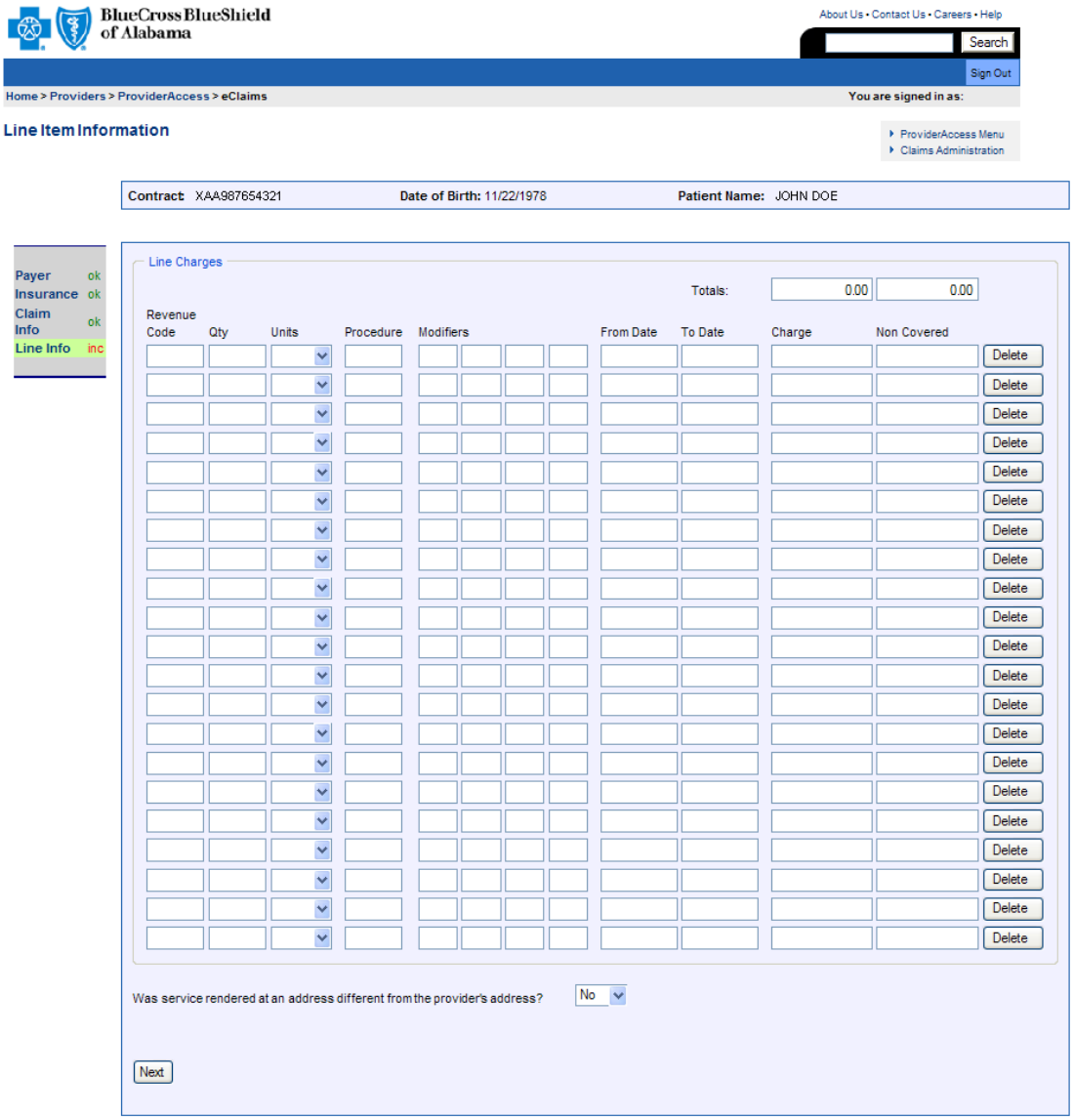
The ***"Type Bill"*** must end in a "7" if submitting a Corrected Claim.

An ***"Adjustment Condition Code"*** is required to submit a corrected claim.

Review this screen and answer any questions that are valid for this claim. Once complete, click the **"Next"** button to save your information and to advance to the next step.

The ***"Original Claim Number"*** is required when submitting a corrected claim.

Line Item Information



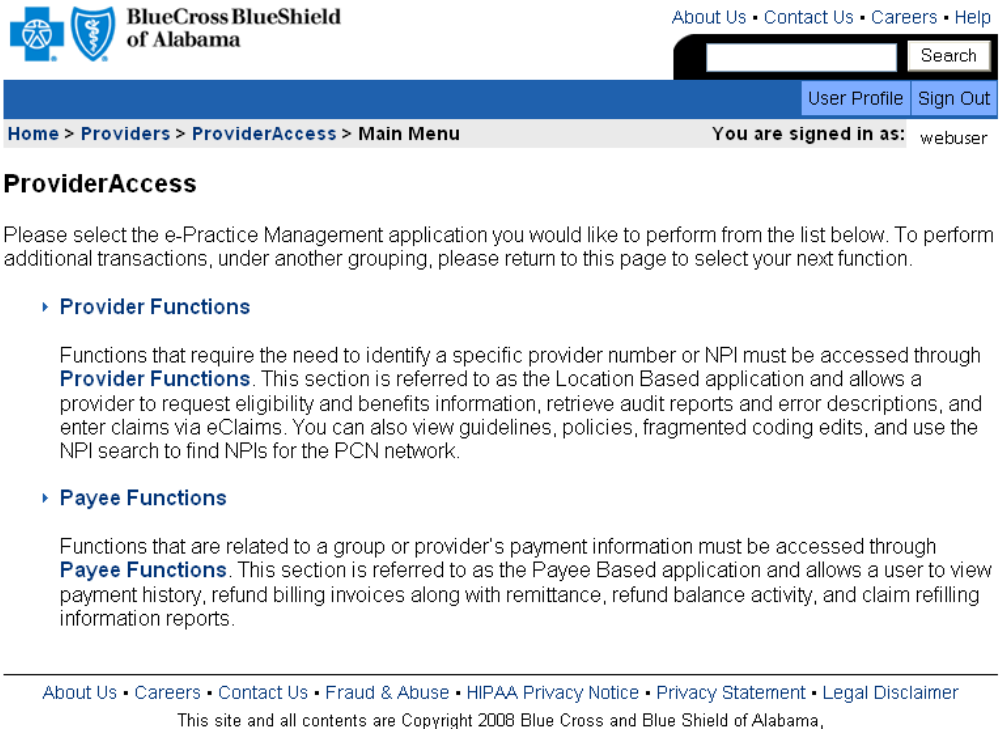
*You may key up to 27 line items on this screen. After completion, click the "**Next**" button. If there are no errors, the claim will be accepted and forwarded to the Claims Administration page.*

Audit Report Retrieval

An audit report is generated by Blue Cross and Blue Shield of Alabama that confirms the receipt of your electronic claims. This report specifies whether the submitted claims were accepted for processing or rejected due to an error.

Normally, if we receive your claims before approximately 3:00 p.m., an audit report will be available the following business day. If we receive your claims after approximately 3:00 p.m., your audit report should be available after two business days.

*Choose the **"Provider Functions" link.***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Home > Providers > ProviderAccess > Main Menu
You are signed in as: webuser
ProviderAccess
Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, under another grouping, please return to this page to select your next function.
Provider Functions
Functions that require the need to identify a specific provider number or NPI must be accessed through Provider Functions. This section is referred to as the Location Based application and allows a provider to request eligibility and benefits information, retrieve audit reports and error descriptions, and enter claims via eClaims. You can also view guidelines, policies, fragmented coding edits, and use the NPI search to find NPIs for the PCN network.
Payee Functions
Functions that are related to a group or provider's payment information must be accessed through Payee Functions. This section is referred to as the Payee Based application and allows a user to view payment history, refund billing invoices along with remittance, refund balance activity, and claim refilling information reports.
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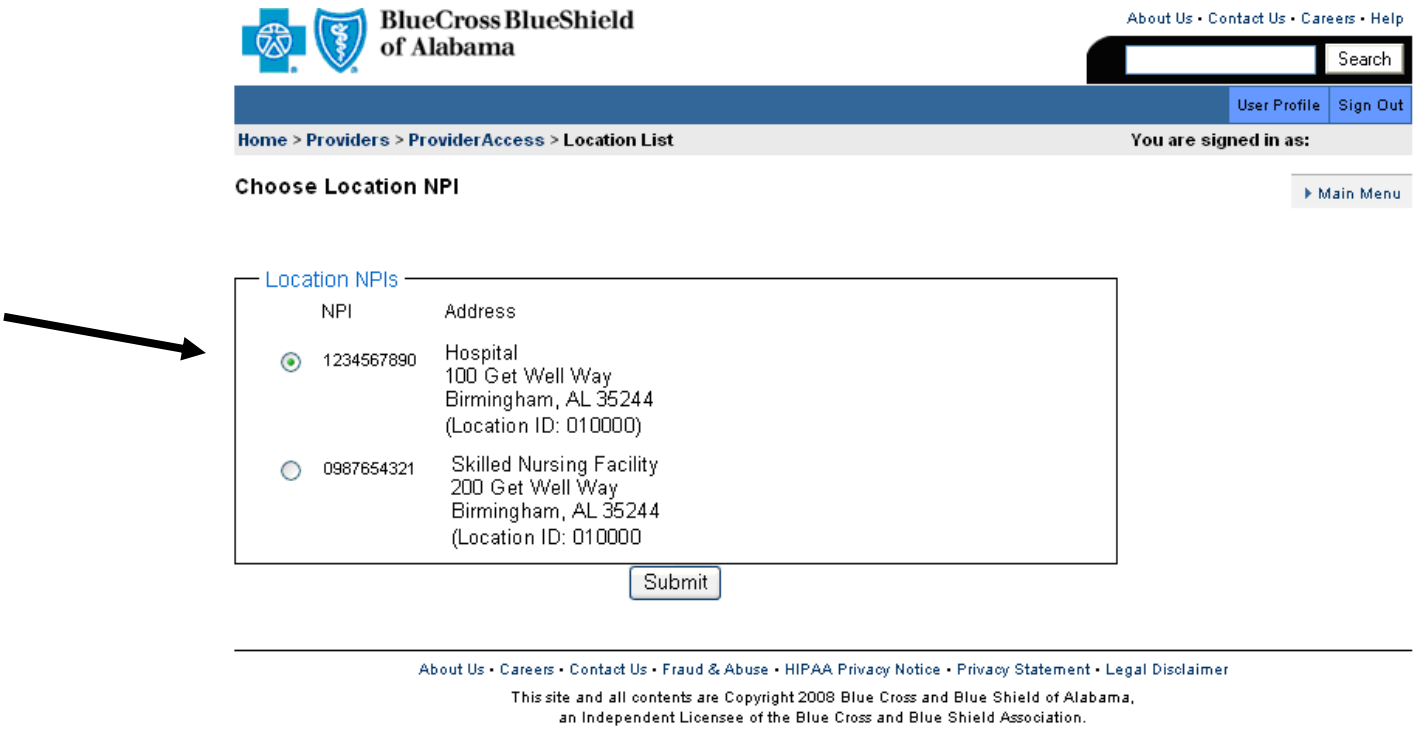
Choose the location the claims were submitted under. If there's only one location, that location will automatically be selected.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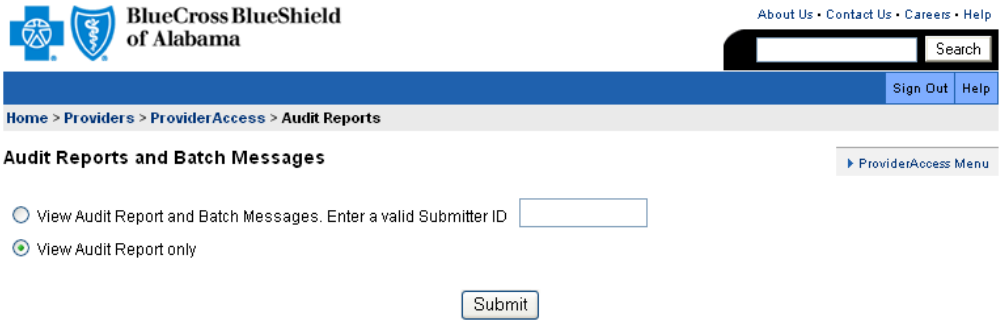
From the ProviderAccess page, use your mouse to click on the ***"Audit Report"*** link. To view Audit Reports enter your ***Submitter ID***. Click ***"Submit"*** to continue.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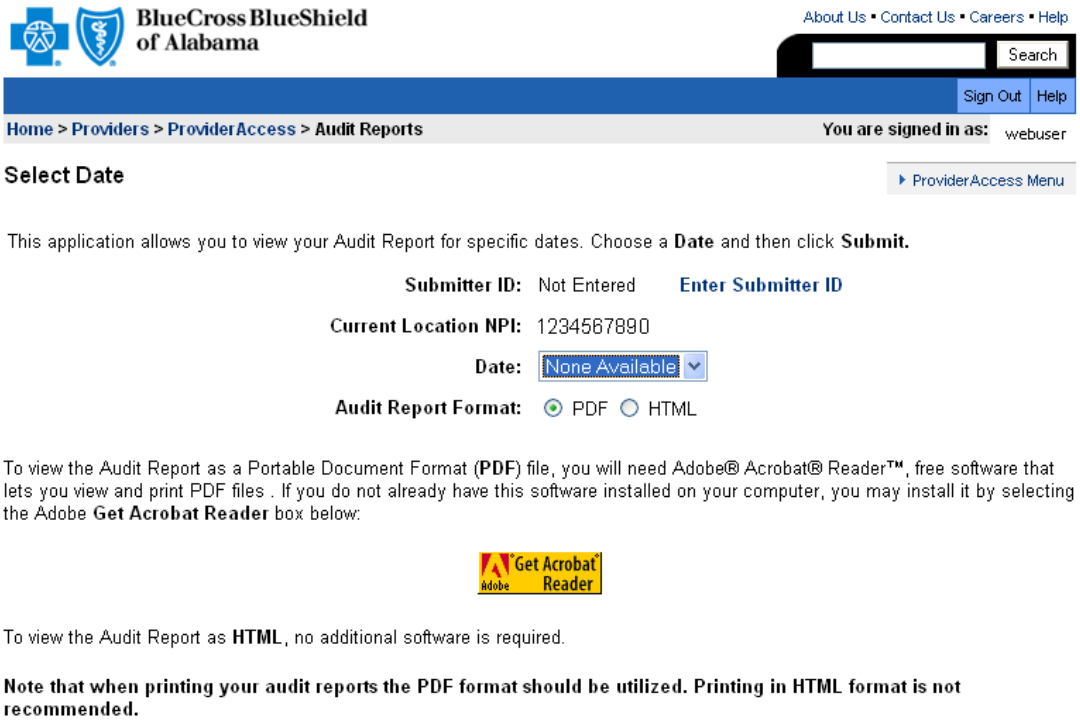
ProviderAccess Menu
View Audit Report and Batch Messages. Enter a valid Submitter ID
View Audit Report only
Submit

IMPORTANT NOTE: *Audit Reports are now available electronically for 60 business days. An Audit Report should be retrieved for every date of claims submission.*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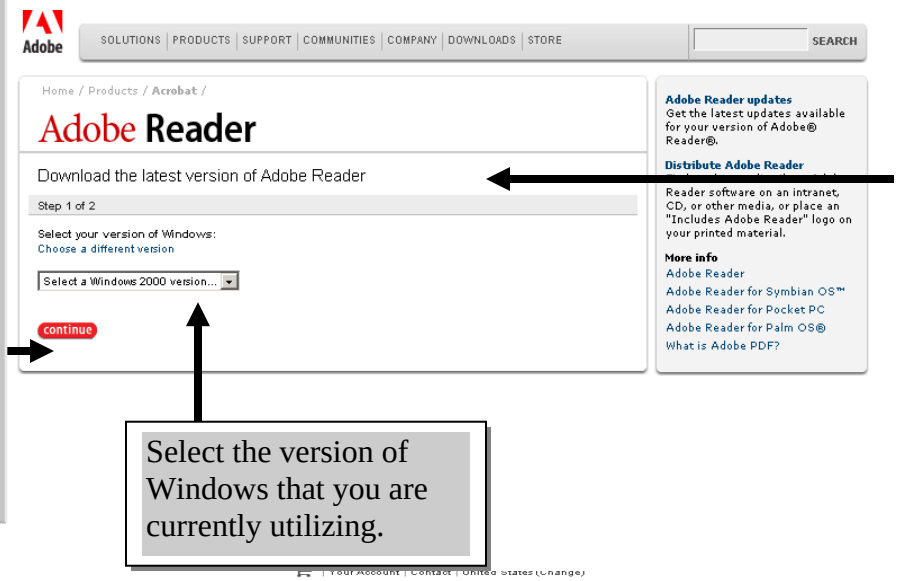
Note that when printing your audit reports the PDF format should be utilized. Printing in HTML format is not recommended.

Click on the drop down ***"date"*** list and select your desired report date Click ***"submit"*** to view this report on this screen. You will also have the ability to print this report.

Note: *It is necessary to have the Acrobat Reader software installed on your computer in order to view/print the audit trail reports.*

If you have trouble viewing the report or do not have the software installed on your computer, download the free version of the Acrobat Reader software. Clicking the download link will open a browser window taking you directly to the download page. Follow the download instructions and install the software. Once install, return the Online Audit Trail Retrieval Page and repeat steps above.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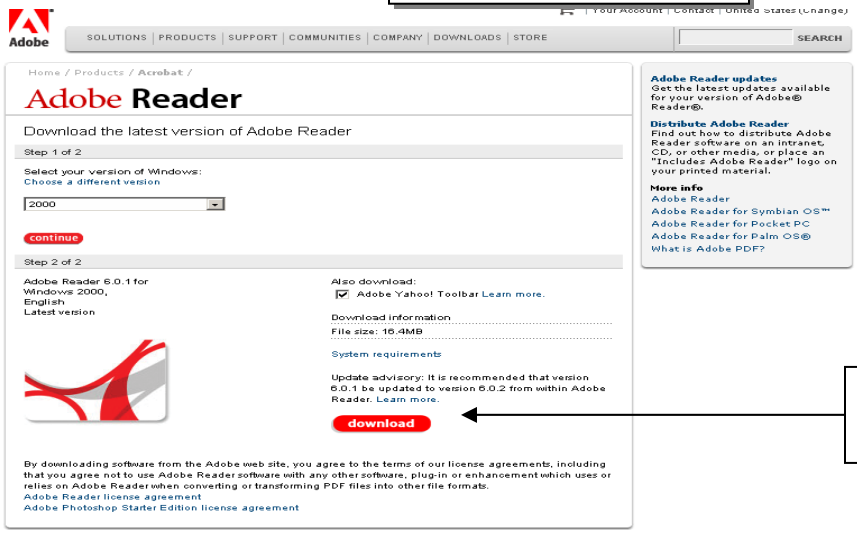
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Follow instructions

Once you have selected ***"Submit"***, the next screen will show that your request is being processed.

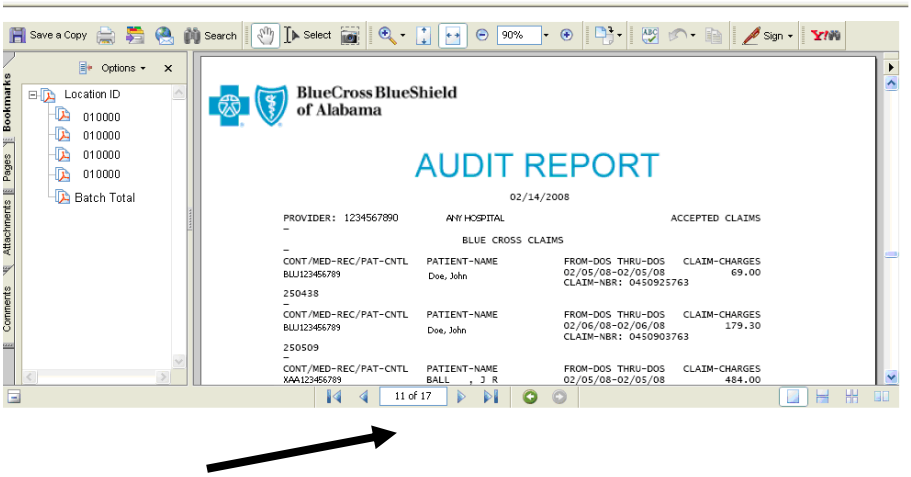
BlueCross BlueShield of Alabama
AUDIT REPORT
We are processing your request. This may take several minutes depending on the size of the audit report.

The accepted portion of the audit report contains a list of all claims that were accepted for processing.

Each claim is assigned a claim number. The claim number can be used to track the claim throughout processing.

This claim number confirms receipt of your claim, but does not guarantee payment.

Printing Tip: The Acrobat print function must be used to print the complete Audit Trail Report. Click on the "printer icon" in the Acrobat Reader toolbar.



Use arrows to view the next page.

Rejected claim immediately follows the "Accepted Claims" totals. This section contains a list of all claims that were rejected. Each of these claims will have an associated error number and message explaining why it was rejected.

Note: *Remember that errored claims have not been accepted by Blue Cross and Blue Shield of Alabama, and we keep no further record of them, these claims should be corrected and resubmitted as new claims.*